

**PURDUE UNIVERSITY CALUMET STUDENT HEALTH CENTER
IMMUNIZATION FORM
TELEPHONE (219) 989-1235 FAX (219) 989-1237**

1. Please PRINT- This form must be completed in **ENGLISH** and signed by (1) a **medical provider** or other record keeper, and (2) **the student** (parent or guardian if student is under age 19).
2. Individuals born before 1957 are considered immune to measles, mumps, and rubella, but a booster of Tetanus/diphtheria (Td) must have been received in the last 10 years.
3. *TB test must be completed in the United States.
4. All immunizations must have been received after 1968. Complete boxes (A + C) or (B +C).
5. Individuals seeking a medical or religious exemption must submit a letter of request to the Director of the Student Health Center **signed by the student** (parent/guardian if student is under the age of 18).

Last Name: _____ First: _____ Middle: _____

Student PUID# _____ Date of Birth: _____

Emergency contact name: _____ Telephone # _____

Important: include MONTH / DAY / YEAR in all answers (example: 4/08/1986)

A.

MMR- Measles, Mumps, Rubella	
Two (2) doses required	1. ____/____/____
<u>After 1st birthday</u>	2. ____/____/____
<u>Tetanus/Diphtheria</u>	____/____/____
Must have had a booster Td or Tdap within last ten (10) years.	

C.

TB TEST	____/____/____	date given
	____/____/____	date read
*Results:	_____	mm
REQUIRED for international students-must be Administered in the United States.		
HEP B	____/____/____	: ____/____/____
	____/____/____	: ____/____/____
Recommended, but not required		
Meningococcal Vaccine*	____/____/____	
**Waiver	____/____/____	
I have read the information on the meningitis vaccine posted on: http://www.calumet.purdue.edu/healthcenter/ and I decline immunization at this time.		
**Starting Fall 2008 semester, Indiana State law may change, making waivers unacceptable and meningitis immunization, mandatory . Check the above web site before using waiver.		

B. (required only if you did not complete section A)

Measles (Rubeola) 2 doses after 1st birthday.	
____/____/____	& ____/____/____
Or date of disease	or titer (lab copy required)
____/____/____	____/____/____
Mumps- 1 dose after 1st birthday or date of disease	
____/____/____	or ____/____/____
Or titer (lab copy required)	acceptable titers are
____/____/____	ELISA or RHA
Rubella* 1dose after 1st birthday.	
____/____/____	Titer (lab copy required)
____/____/____	or ____/____/____
Disease not accepted as proof of immunity for rubella	
Tetanus/Diphtheria ____/____/____	
Must have had a booster Td or Tdap within the last ten (10) years	

Signature of Healthcare Provider

Date ____/____/____

Drug or Food Allergies or Intolerance	Serious Illness/Injuries Chronic Diseases
Significant Family Medical History	Past Surgeries (major and minor)

HEALTHCARE FOR MINORS- REQUEST & AUTHORIZATION

PLEASE COMPLETE FOR THE FOLLOWING STUDENTS WHO WILL BE UNDER 18 YEARS OF AGE AT THE BEGINNING OF THE SCHOOL SEMESTER:

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Calumet Student Health Services Center medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport and all emergency life saving procedures.

Student covered by this authorization is _____

Signature of Parent or Legal Guardian _____ Adult Witness _____

INTERNATIONAL STUDENTS

Purdue University Calumet strongly encourages all International Students to carry health insurance. Please see the International Student Services office in Lawshe Hall 308 or call, 219-989-2559 or International Student Programs 219-989-2502 for more information.

International Students must have tuberculosis testing done after arriving in the United States. Testing is available at the Student Health Center, the County Health Department, or through a local, private physician. Documentation of the test being done within the past three months at another location within the United States may also fulfill this requirement.

MAILING INSTRUCTIONS

Students are encouraged to keep a copy of this form for their personal records. For additional immunization information, the student may call the Student Health Services Center at (219) 989-1235 or fax (219) 989-1237. Due to the large volume of forms received, we regret that we are unable to contact individuals submitting incomplete or unsatisfactory immunization information. **This completed Immunization Form should be returned to:**

**Purdue University Calumet
Student Health Services Center SHSC
2200 169th St
Gyte Annex 34
Hammond, IN 46323***

DO NOT RETURN THIS FORM TO UNIVERSITY VILLAGE...YOU MUST MAIL OR DROP OFF AT SHSC. UV STAFF CANNOT BE RESPONSIBLE FOR THESE FORMS.