

Date Received _____ Incomplete Complete Completion Date _____

**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. Some domestic students and all international students require TB tests
*ALL 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. ___/___/___
After 1st birthday 2. ___/___/___

Tetanus/Diphtheria ___/___/___

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.

***All Positive TB tests must have Chest x-ray Results: ___/___/___ / date**

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 ___/___/___

ALMOST DONE... PLEASE TURN OVER



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.

HOW TO SUBMIT THIS FORM

Once completed, this Immunization Form and any supporting records must be submitted to the Student Health Services Center (SHSC) in one of the following ways: students can bring their form/records to the SHSC in Gyte room 34; students can have their completed form/records faxed to the SHSC at 219.989.1237; or students can mail their completed form/records to the SHSC using the following address:

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

**Please note that faxing is the quickest and easiest way to submit this form and any supporting records.*

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.

DO NOT RETURN THIS FORM TO UNIVERSITY VILLAGE... YOU MUST SUBMIT IT TO THE SHSC. THE STAFF AT THE DEPARTMENT OF HOUSING AND RESIDENTIAL EDUCATION CANNOT BE RESPONSIBLE FOR THESE FORMS.