
How to complete your Student Health Record

Welcome to Aurora University. As you prepare to join the AU community, specific health/immunization records need to be filed in the Wellness Center. Enclosed is a two-sided **Student Health/Immunization Record form**. **All students listed below are required to complete both sides of this form**. The front side provides the Wellness Center with information about your general health, and the back side provides information about your immunization history required by the State of Illinois College Immunization Code (77 ILL. Adm. Code 694) and Aurora University.

A. Who is required to complete the Student Health/Immunization Record?

- » **All residential students** (students who will be living in on-campus housing)
- » **All undergraduate, graduate and doctoral students enrolled in 9 or more credit hours** per 16-week semester (or equivalent) and whose class sessions meet on the Aurora campus (includes Orchard Center and Woodstock Center locations)
- » **All international students**

B. What immunizations are required for the 2016–2017 school year?

- » **Measles (Rubeola):** Two doses
- » **Mumps:** Two doses
- » **Rubella:** Two doses
- » **Tetanus, Diphtheria, Pertussis (DTP, DTaP, Td, Tdap):** At least three doses of past Tetanus, Diphtheria and Pertussis containing vaccine are required. One dose must Tdap. The last does (DTP/DTaP, Td, or Tdap) must be dated within the past 10 years to fulfill this requirement.
- » **Meningococcal:** One dose meningococcal conjugate vaccine on or after 16 years of age for all incoming students up through 21 years of age. Please note Serogroup B meningococcal vaccine is optional and does not satisfy requirement.

Special Note for International Students: In addition to the above vaccines, all international students are also required to have tuberculosis testing (PPD, Mantoux or IGRA-lab test), within six months prior to enrollment at AU and then annually thereafter. Results of tuberculosis skin test must be interpreted and recoded by your physician in English on the AU immunization form. A chest x-ray is required for all positive tests. Please include a copy of the chest x-ray report.

C. When is the deadline for Student Health/Immunization Record submission?

For **all undergraduate students** who meet the criteria listed under section A, the completed form must be submitted to the Wellness Center prior to July 15 for Fall term enrollment, and before December 1 for Spring term enrollment.

For **all graduate, doctoral and adult degree completion students** who meet the criteria listed under section A, the completed forms must be submitted to the Wellness Center before the first day of class.

D. Proof of Immunity can be accomplished by providing any of the following:

- » Completed and signed Student Immunization Record by your health care provider
- » Immunization records from a prior educational institution (high school, college/university). Records must have school letterhead clearly visible to be considered admissible.
- » Military records documenting the month, day and year of immunization administration
- » Antibody titer lab report indicating positive immunity (available for Measles, Mumps and Rubella only). Please note values reported in the “equivocal” range are not considered to indicate positive immunity.

All immunization records must be in English, clearly legible and include student's name and date of birth to be considered admissible. Be sure to make a copy of these important documents prior to sending.

E. What are the qualifications for "Immunization Exemption Status"?

Students will be granted an exemption to the immunization requirement based on reasons listed below. Please note anyone with an immunization exemption may be excluded from the university in the event of Measles, Mumps, Rubella or Diphtheria outbreak in accordance with Illinois Department of Public Health recommendations. While students with exemptions will not be required to get new immunizations it is in your best interest to submit documentation of any past immunizations, especially to Measles, Mumps and Rubella.

» **Born before 1/1/57-exempt from Measles, Mumps, and Rubella requirement only**

Must still provide documentation of at least three doses of past Tetanus, Diphtheria and Pertussis containing vaccines with one dose being Tetanus, Diphtheria acellular Pertussis vaccine (Tdap) and administered in the last 10 years.

» **Class sessions meet at a location other than Aurora University campus**

Please note that Orchard Center and Woodstock Center locations are considered part of the Aurora campus

» **Religious Exemption**

You may be exempt from one or more of the specific immunization requirements by submitting a typed and signed statement by yourself (or your parent or guardian, if you are a minor) detailing your objection to immunization on religious grounds. The objection must set forth the specific religious belief that conflicts with the immunization. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements.

» **Medical Exemption**

You may be exempt from one or more of the specific immunizations requirements if you have a medical condition that prevents safe immunization administration. Your physician must complete and sign our "Immunization Exemption: Medical Reason" (available on the AU website at aurora.edu/wellness) in order to request a medical exemption.

» **Credit Hours**

All students enrolled in less than 9 credit hours per 16 week semester (or equivalent).

F. What happens if Student Health/Immunization records are not submitted?

Students who do not provide the Wellness Center with proper immunization documentation required by the State of Illinois College Immunization Code will have an immunization hold placed on their student account and will not be allowed to register for the next semester until all required immunization documentation has been received and reviewed by the Wellness Center.

For students in need of required immunizations, the Wellness Center can provide information on where immunizations can be obtained. You can contact the Wellness Center at 630-844-5434 or email wellness@aurora.edu. Visit aurora.edu/wellness for additional information.

On behalf of the Wellness Center staff, welcome to Aurora University.



Cheryl Block, RN, MSN
Director, Wellness Center

Wellness Center
630.844.5434
630.844.5611 (fax)

CONFIDENTIAL Student Health Record

Please print



Sex: Male
 Female

Name: _____ Date of birth: ____/____/____ Student ID: _____
Last / First / Middle MM / DD / YYYY

Permanent Address: _____ Country: _____
Street / Apartment number City / State / Zip

Do you plan to live on campus? Yes No Cell phone number: _____

Parent/Guardian: _____
name relationship home phone work phone

In case of emergency, notify: _____
name relationship home phone work phone

Primary Care Physician: _____
name address phone number

Semester/Year of enrollment: Fall _____ Spring _____ Summer _____ Will you be attending: Full Time Part Time

Class Standing: FR SO JR SR Grad Other: _____ Have you previously attended AU?: No Yes _____
when?

Personal History: Please comment on all "yes" answers in the space below or on an additional sheet if you have or have had in the past.

Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No
Anemia			Counseling/Mental Health Treatment			Headache (recurrent)			Strep Throat (recurrent)		
Anxiety/Panic Attacks			Diabetes (Type I or II)			Heart Condition/Murmur			Substance Abuse		
Asthma (Chronic)			Digestive Tract Problems			High Blood Pressure			Thyroid Problem		
Asthma (exercise induced)			Disability			Kidney/Urinary tract Problem			Tuberculosis		
Auto Immune Disorder			Dizziness/Fainting			Mononucleosis			Vision/Hearing Loss		
Bleeding/Blood disorders			Eating Disorder			Respiratory Problems			Other (please explain below)		
Cancer/Tumor/Cyst			Head Injury (With unconsciousness)			Seasonal Allergies					
Chicken Pox						Seizure Disorder					

Do you have any allergies? (medications, foods, environmental, insect bites/stings) No Yes (explain below)

Allergen/Reaction	

Are you currently taking any medications? (Please include medications taken on a regular basis, or as needed along with any vitamins, herbal or nutritional supplements) No Yes (explain below)

Medication (name, dose, frequency and reason)*	

*if you administer prescribed injectable medications, contact the Wellness Center to receive information on proper disposal of syringes and needles.

Have you ever been hospitalized or had any surgical procedures? No Yes (explain below)

Reason/Dates	

Have you previously received academic accommodations (IEP or 504 plan)? No Yes

Do you have a family history of the following?

Disease	No	Yes	Relation	Disease	No	Yes	Relation	Disease	No	Yes	Relation	Disease	No	Yes	Relation
Anxiety/Panic Attacks				Depression				Heart Disease				Stroke			
Bipolar Disorder				Diabetes				Hypertension				Sudden death before age of 50			
Cancer				Drug/Alcohol Dependence				Schizophrenia				Tuberculosis			

I hereby certify that the above questions have been answered to the best of my knowledge.

student signature This information is strictly for the use of the Wellness Center/Counseling Services/Disability Services and will not be released to anyone without your written consent. _____
date

Immunization Record



Student name: _____ Date of birth: ____/____/____
MM DD YYYY

I. Measles, Mumps and Rubella Requirement:

MMR (Measles, Mumps, Rubella) Vaccine*

Two doses required, at least one month apart, and after 12 months of age and after live vaccine available (5/1/71)

#1 ____/____/____ #2 ____/____/____
MM DD YYYY MM DD YYYY

** If MMR was not given, individual immunizations or antibody titers should be listed below*

Measles (Rubeola, Hard, Red, 10 day)

Two doses required, at least one month apart, and after 12 months of age and after 1/1/68, or

#1 ____/____/____ #2 ____/____/____
MM DD YYYY MM DD YYYY

Antibody titer test (blood test) proving immunity *

____/____/____ **Attach lab report (required)**
MM DD YYYY

Rubella (German Measles, 3 day)

Two doses required after 12 months of age and after 6/19/69, or

#1 ____/____/____ #2 ____/____/____
MM DD YYYY MM DD YYYY

Antibody titer test (blood test) proving immunity *

____/____/____ **Attach lab report (required)**
MM DD YYYY

Mumps

Two doses required after 12 months of age and after 1/1/68, or

#1 ____/____/____ #2 ____/____/____
MM DD YYYY MM DD YYYY

Antibody titer test (blood test) proving immunity *

____/____/____ **Attach lab report (required)**
MM DD YYYY

**All antibody titer results within "equivocal" range will require further written clarification by your physician*

II. Tetanus-Diphtheria-Pertussis (DTP, DTaP, Td, Tdap) Requirement:

At least three-doses of past tetanus, diphtheria and pertussis containing vaccine are required. One dose must be Tdap. The last dose (DTP/DTaP, Td, or Tdap) must be dated within the past 10 years to fulfill requirement. Please circle appropriate vaccine.

#1 DTP/DTaP Tdap Td ____/____/____ #2 DTP/DTaP Tdap Td ____/____/____ #3 DTP/DTaP Tdap Td ____/____/____
MM DD YYYY MM DD YYYY MM DD YYYY

III. Meningococcal Vaccine Requirement:

Meningococcal meningitis is a potentially fatal, vaccine preventable illness. One dose of meningococcal conjugate vaccine is required on or after 16 years of age for all students up through 21 years of age. Serogroup B vaccine is optional and does not satisfy requirement.

#1 Conjugate (MCV4) ____/____/____ #2 Conjugate (MCV4) ____/____/____ Serogroup B (Please indicate 2-dose or 3-dose series)
MM DD YYYY MM DD YYYY ____/____/____ ____/____/____ ____/____/____
MM DD YYYY MM DD YYYY MM DD YYYY

IV. Tuberculosis Skin Test (required for all international students, and must be completed within 6 months of enrollment at AU)

Please specify test: PPD / Mantoux / IGRA-(lab test-please attach results)

Date Given: ____/____/____ Date Read: ____/____/____ Results: Negative Positive
MM DD YYYY MM DD YYYY (A chest x-ray is required for all positive tests)

Chest X-ray Date: ____/____/____ Results: Normal Abnormal
MM DD YYYY (Please attach chest x-ray results)

V. Recommended Immunizations (the following immunizations are highly recommended but not required unless specified by your major)

Hepatitis B #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
MM DD YYYY MM DD YYYY MM DD YYYY

Influenza #1 ____/____/____ An annual flu shot (influenza vaccine) is highly recommended for all college students
MM DD YYYY

VI. Healthcare Provider Verification of Immunization Record (Required)

Name: _____ Phone: _____ Office Stamp:
Address: _____
Signature: _____ Date: _____