

Date Received \_\_\_\_\_  Incomplete  Complete Completion Date \_\_\_\_\_

**PURDUE UNIVERSITY CALUMET STUDENT HEALTH SERVICES 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 Services Center **signed by the student** (parent/guardian if student is under the age of 18).

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

PUID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact# \_\_\_\_\_

Email: \_\_\_\_\_

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 1<sup>st</sup> 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 1<sup>st</sup> birthday.**

\_\_\_/\_\_\_/\_\_\_ & \_\_\_/\_\_\_/\_\_\_  
**Or** date of disease or titer (lab copy required)  
\_\_\_/\_\_\_/\_\_\_

**Mumps- 1 dose after 1<sup>st</sup> birthday** or  
date of disease

\_\_\_/\_\_\_/\_\_\_ or \_\_\_/\_\_\_/\_\_\_

**Or** titer (lab copy required) acceptable titers are  
\_\_\_/\_\_\_/\_\_\_ ELISA or RHA

**Rubella\* 1dose after 1<sup>st</sup> 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**



**DO NOT RETURN THIS FORM TO THE 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.**

\*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.

**Purdue University Calumet  
Student Health Services Center SHSC  
2200 169<sup>th</sup> St  
Gyle Annex 34  
Hammond, IN 46323**

the following address:  
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 Gyle 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

**HOW TO SUBMIT THIS FORM**

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 Services 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.

**INTERNATIONAL STUDENTS**

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 \_\_\_\_\_

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

**HEALTHCARE FOR MINORS- REQUEST & AUTHORIZATION**

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