

Date Received: \_\_\_\_\_ ☐ INCOMPLETE ☐ COMPLETE Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

**PURDUE UNIVERSITY NORTHWEST  
RESIDENT STUDENT IMMUNIZATION FORM**

Updated 1/2015

1. Please PRINT- **This form AND proof of previous immunizations must be completed in ENGLISH** and signed by (1) a **medical provider** and (2) **the student** (parent or guardian if student is under age 18).
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 Housing and Residential Education **signed by the student** (parent/guardian if student is under the age of 18).

**Last/Sir Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Student PUID#** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**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.**

\_\_\_\_/\_\_\_\_/\_\_\_\_

C.

**TB TEST** \_\_\_\_/\_\_\_\_/\_\_\_\_ date given  
\_\_\_\_/\_\_\_\_/\_\_\_\_ date read

**\*Results:** \_\_\_\_\_ mm

**CHEST X-RAY** \_\_\_\_/\_\_\_\_/\_\_\_\_ date given

**\*Results:** \_\_\_\_\_

**TB TEST REQUIRED for international students and some U.S. Citizens must be administered in the United States.**

**HEP B** \_\_\_\_/\_\_\_\_/\_\_\_\_: \_\_\_\_/\_\_\_\_/\_\_\_\_:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Recommended, but not required

**Meningococcal Vaccine**

\_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Read the information on the meningitis

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

Signature of Physician/Medical  
Provider

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## 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 Community Care Purdue University Health Center 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 Northwest strongly encourages all International Students to carry health insurance. Please see the International Student Services office in CLO 176 or call, 219-989-2082 or International Affairs Office 219-989-2502 for more information.

**International Students must have tuberculosis testing done after arriving in the United States.** Testing is available at the Community Care Purdue University 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.

## INCOMPLETE FORMS

Immunization forms **MUST** be completed and signed by a Physician/Medical Provider before turning them in to housing.

## COMPLETED FORMS ONLY

Students are encouraged to keep a copy of this form for their personal records. Due to the large volume of forms received, we regret that we are unable to contact individuals submitting incomplete or unsatisfactory immunization information. **ONLY COMPLETED FORMS** can be turned in to University Village.

## MAILING INSTRUCTIONS:

**University Village  
Attn: Housing Assignments  
2440 173<sup>rd</sup> St, Griffin Hall  
Hammond, IN 46323**

If you need help reviewing and completing your form, you may visit  
**Community Care Purdue University Health Center**  
Located in Gyte Annex #34.