UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE REQUIREMENTS
The University places holds for lack of compliance.

MEASLES (RUBEOLA)
- Immunity confirmed by titer. Date of Titer ____________________
  Results________________________ Date of re-immunization__________
  Attach copy of lab report

MUMPS
- Immunity confirmed by titer. Date of Titer ____________________
  Results________________________ Date of re-immunization__________
  Attach copy of lab report

GERMAN MEASLES (RUBELLA)
- Immunity confirmed by titer. Date of Titer ____________________
  Results________________________ Date of re-immunization__________
  Attach copy of lab report

TETANUS AND DIPHTHERIA
- TD or DT or DPT or TdaP required. (Tetanus toxoid (TT) not acceptable)
  Three primary series immunizations are needed OR date of last booster OR
  exempt status conferred. Please fill in the relevant portion below.
  Immunization 1 - Date ____________________
  Immunization 2 - Date ____________________
  Immunization 3 - Date ____________________
  OR
  Last Booster Shot - Date ____________________
  Booster must be within the last 10 years
  OR
  Exempt Status. Date of exemption ____________________
  Attach physician's statement

POLIO
- Three immunizations are needed OR date of last booster OR date of
  immunization as an adult. Please fill in the relevant portion below.
  Immunization 1 - Date ____________________
  Immunization 2 - Date ____________________
  Immunization 3 - Date ____________________
  OR
  Last Booster Shot Date ____________ OR Oral (Sabin) □ Injection (Salk)
  OR
  Immunized as an Adult. Date conferred ____________________

TUBERCULOSIS (check the appropriate box)
- HAS HAD THE DISEASE □ HAS NOT HAD THE DISEASE
  AND fill out the appropriate section below for annual updates:
  NOTE: Only 2 Step Tuberculin Skin Test (TST) is accepted.
  NOTE: TST must be read 48-72 hours after application.
  TST Step 1 Date read ____________ Result mm induration ____________
  TST Step 2 Date read ____________ Result mm induration ____________
  OR
  Had a positive Mantoux skin test. When? ____________ year.
  Attach documentation after positive Mantoux test.
  Baseline Chest X-ray Date ____________ □ Positive □ Negative
  Attach copy of Chest X-ray report.
  Had BCG vaccine. Date ____________
  OR
  QTBG Quantiferon-Gold Blood Test
  Date ____________ Results ____________
  Attach copy of lab report.

Please contact Kay Spreitzer at visitcom@uic.edu if you have questions regarding this form.