



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

Office of Academic Affairs
P.O. Box 1649
Peoria, Illinois 61656

Sandy McGee
Office of Academic Affairs
Coordinator for Visiting Students

**All visiting students must present dated documentation of ALL of the following:
(registration will not be completed until ALL immunization information has been received)**

Student Name: _____ **Date of Birth:** _____

1. **Rubella** (*History of disease is not acceptable proof of immunity.*)
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday date / / attach proof of immunization

2. **Mumps**
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday **or** date / / attach proof of immunization
 - physician verified disease date / / attach letter of verification

3. **Rubeola (measles)** (*Complete immunization requires the receipt of two measles vaccines after 12 months of age.*)
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday **or** date / / date / / attach proof of immunization
 - physician verified disease date / / attach letter of verification

4. **Varicella (Chicken Pox)**
 - history of illness date / /
 - immunization date / / date / / attach proof of immunization
 - immune titer date / / attach copy of report

5. **Tetanus** (*Documentation of a minimum of three tetanus immunization is required for proof of immunity.*)
 - initial tetanus series date / / date / / date / / attach proof of immunization
 - tetanus booster within the past 10 years date / / attach proof of immunization

6. **TB skin test**
 - within the last 12 months date / / results _____ attach proof of testing
 - history of BCG vaccination date / / attach copy of report
 - history of a previous positive reaction date / / result _____
(attach copy of chest x-ray performed within the past two years)

7. **Hepatitis B** (*Proof of immunity by titer may be accepted.*)
 - completion of the series of three injections **or** date / / date / / date / / attach proof of immunization
 - documentation of immunity by immune titer:
 - HB Surface Antigen **and** date / / results _____
 - HB Surface Antibody date / / results _____

**PLEASE SEND ONLY COMPLETE DOCUMENTATION OF THE ABOVE TO:
(registration will not be completed until ALL immunization information has been received)**

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