ILLINOIS
McKinley Health Center

IMMUNIZATION HISTORY

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Last Name Liu	First Chang.	Middle	University Identification Number CHI214F01070000	
Home Address/City/State/Country/Zip or Postal Code 68 E University Ave. Champaign. Illinois, US 61820			Preferred Phone (+86) 13513621123 E-mail Address changl25@illinois.edu	Alternate Phone ( )
Date of Birth (mm/dd/yyyy) 07/07/2001	Age 21	Gender ☐ M ☑ F ☐ Other	Enrollment term/year FA ✓ SP___ SU___	Citizenship ☐ U.S. ☑ Other China.
Person to Notify in an Emergency Name: Jifeng Hou			Relationship Parent	Contact Phone (+86) 13835112333
Address of Emergency Contact (including City/State/Country/Zip or Postal Code) XingHe Wan Si Hao Yuan 41-1-1002, Xinghe west Road., Xiaodian District, Taiyuan, Shanxi Province, China				Alternate Phone ( )

↓ ↓ ↓ This section must be completed by a Licensed Health Care Provider. ↓ ↓ ↓

REQUIRED IMMUNIZATIONS (dates required)

Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against Measles, 2 shots against Rubella, and 2 shots against Mumps. Given at least 28 days apart, after 12 months of age and both doses given after 12/31/1967. Documentation of dates of disease **IS NOT** acceptable evidence of immunity against Measles, Mumps or Rubella. **Individuals born before 1957 are exempt from MMR vaccine documentation.

MMR (strongly recommended) **	1 08/26/2002 mm/dd/yy 2 06/25/2023 mm/dd/yy	***OR***	Positive serum titers are also acceptable proof of immunity against **Measles, Mumps and Rubella.** ☐ Required lab report attached.

MEASLES (Rubeola)	1 mm/dd/yy 2 mm/dd/yy	**MUMPS**	1 mm/dd/yy 2 mm/dd/yy	**RUBELLA**	1 mm/dd/yy 2 mm/dd/yy

■ **MENINGOCOCCAL CONJUGATE VACCINE (MENACWY)** Students between the ages of 16-21 must have one dose of Menactra, MenQuadfi, Menveo, Nimenrix or Aramen on or after their 16th birthday. Students age 22 and over are not required to receive the vaccine. **Meningococcal-B vaccine does not meet this requirement.**

☐ Menactra/Menveo/MenQuadfi mm/dd/yy ___ mm/dd/yy ☐ Other: Vaccine name mm/dd/yy

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) –**
At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED. One dose MUST be Tdap.
The last dose of vaccine (DPT, DTP, DT, DTaP, Td, Tdap) must have been administered within 10 years of the student's enrollment date.

1 *(record first shot here)*	2	3
☑ DTP / DTaP ☐ Tdap ☐ Td mm/dd/yy 12/08/2001	☑ DTP / DTaP ☐ Tdap ☐ Td mm/dd/yy 01/08/2003	☐ Tdap ☐ Td mm/dd/yy

RECOMMENDED IMMUNIZATIONS (complete if received)

☑ COVID-19 Acceptable brands may include: Pfizer Moderna J&J Other-list SINOVAC	1 05/07/2021 mm/dd/yy	2 06/12/2021 mm/dd/yy	Booster Vaccine Name SINOVAC mm/dd/yy 12/26/2021 Booster Vaccine Name mm/dd/yy
☑ HEPATITIS A	1 05/22/2003 mm/dd/yy	2 04/07/2004 mm/dd/yy	
☑ HEPATITIS B	1 07/08/2001 mm/dd/yy	2 08/08/2001 mm/dd/yy	3 01/10/2002 mm/dd/yy
☐ HPV (Gardasil) ☐ HPV (Cervarix)	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
☐ MENINGITIS B ☐ Bexsero ☐ Trumenba	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
☐ VARICELLA	1 12/10/2002 mm/dd/yy	2 mm/dd/yy	☐ Had Varicella (Chickenpox)

Required Healthcare Provider Verification: Vaccine dates must be on or prior to provider verification date.

Provider Name (print or stamp)	Shenzhen International Travel Healthcare Center	Signature	Date 06/25/2023
Address	No.2047 Heping Road.Luohu. Shenzhen.Guangdong.China518010	LIU JUN MD	Phone [redacted]

INTERNATIONAL TRAVEL HEALTH CARE CENTER (2) VACCINATION

TO SUBMIT FORMS: **Students:** Upload to MyMcKinley.illinois.edu **Providers:** Fax or Mail to McKinley Health Center
Submission Deadlines: **Fall - July 1, Spring - December 1, Summer - April 1**

02/09/23:lr