Frequently Asked Questions Regarding Vaccinations

Q: Do international students need to submit records in English?
A: Yes, all forms and/or copies of lab results and vaccination records must be submitted in English, or include a certified translation into English.

Q: Should students send original records?
A: No, send photocopies of your records and retain your original records.

Q: Will Health Services contact students upon receipt of records?
A: Please follow up with Health Services to ensure receipt of your records.

Q: Are all students required to have immunizations?
A: The following are 3 types of exemptions for college students in Illinois*:

1. **Age:** Students born prior to 01/01/1957 are exempt from providing proof of immunity to Measles, Mumps and Rubella only. They must submit proof of immunity to Tetanus/Diphtheria.
2. **Medical:** Student must submit a written statement from a healthcare provider. The statement must include the contraindicated vaccine(s), the medical indication (eg. allergy, pregnancy), and end date if applicable.
3. **Religious:** Students must complete the religious exemption form which details the objection to immunization(s). The form may be found on the SAIC website: www.saic.healthservices.

*Anyone with a vaccine exemption may be excluded from the College in the event of a disease outbreak in accordance with public health law.

Q: Do college students require additional vaccinations?
A: Please discuss with your healthcare provider the potential benefits of immunization to protect against the following infectious diseases:

1. **Meningococcal Meningitis** is an acute bacterial infection that can be fatal. The following lifestyle factors, common among college students, may be linked to the increased risk of disease: crowded living situations, smoking and exposure to tobacco smoke.
2. **Hepatitis B** is a serious infectious disease that attacks the liver and can lead to lifelong infection, liver failure, and even death. The following factors can increase the risk of contracting Hepatitis B: unprotected sex, non-sterile body piercing, tattoos, sharing needles, and travel abroad to countries with high rates of hepatitis B.
3. **Varicella (Chickenpox)** is a very contagious virus causing a rash, fatigue and fever. While the symptoms are usually mild in children, college students may be more likely to develop serious complications.
4. **Pertussis** (whooping cough) is an infectious cough illness, endemic in the U.S. despite childhood vaccinations. A single dose booster is recommended for all college students ages 11-64.

You can find more information about the diseases on the following sites: http://www.cdc.gov/DiseasesConditions and http://www.acha.org/
REQUIRED IMMUNIZATION INFORMATION

In accordance with the Illinois College Student Immunization Act, the School of the Art Institute requires all students registered for six or more credit hours to provide written proof of current immune status to the following diseases:

1. **Tetanus/Diphtheria (Td):** All domestic students are required to provide proof of one dose within the past 10 years of the term of current enrollment. All international students are required to provide dates of 3 or more doses; the most recent dose must be within 10 years of the term of current enrollment. **A single dose of Tdap (which includes pertussis) is recommended for all college students regardless of interval since last Td booster.** Please note: tetanus toxoid (TT) is not acceptable per State of Illinois law.

2. **Measles:** 2 doses required. Dose 1 at age 12 months or later. Dose 2 at least 30 days after dose 1. If either dose was given before 1968, proof must be provided that a live virus was administered. Alternatively, you can submit a serology report* or a confirmation of disease history with date of diagnosis signed by a health care provider.

3. **Mumps:** 1 immunization with live mumps vaccine at age 12 months or later. Alternatively, you can submit a serology report* or a confirmation of disease history with date of diagnosis signed by a health care provider.

4. **Rubella** (German Measles): 1 immunization with rubella vaccine at age 12 months or later. Alternatively, you can submit a serology report*. History of disease is not acceptable as proof of immunity for rubella.

* A serology report is a blood test you can have done by your healthcare provider to test for positive antibodies, which prove immunity. Lab results must be attached.

Proof of immunization, a certificate of medical exemption to immunization, or a statement of religious objection to immunization must be on file with SAIC Health Services prior to registering for class. Students who do not have one of these three documents on file with Health Services by the beginning of pre-registration will have a registration hold placed on their academic record and will not be permitted to register for the following semester.

IMPORTANT: You will be notified at your SAIC e-mail account if we receive incomplete records. This email address will be used for future communications from Health Services as well.

Acceptable proof of immunity includes:

1. The SAIC Health Record Packet Certificate of Immunity. The form must be completed and signed by a health care provider.
2. Records from a previous school. High schools usually maintain records for ten years. Records from other colleges are acceptable as long as they are signed by a clinician, or have a school stamp on the copy.
3. Military or government records.
4. Records from a clinic or hospital. Records must be signed by a clinician or have the clinic stamp on the copy.
Name (Print) _________________________________________________________________________________
Date of Birth ______/_____/_____

Last First MI Month Day Year

Home Phone Number (____)_________________ Email Address ____________________________
SAIC Student ID#_________________________

I authorize the School of the Art Institute of Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.
Student’s Signature __________________________ Date_____________________________

PLEASE NOTE! This certificate must be signed by a physician/healthcare provider to be valid under Illinois law. Information submitted below and all attached reports must be in English, or include a certified translation into English.

THE FOLLOWING ARE REQUIRED IMMUNIZATIONS:

**TETANUS/DIPHTHERIA:** International students complete Section 1; US citizens or permanent residents complete Section 2.

<table>
<thead>
<tr>
<th>International Students</th>
<th>Identify immunization given:</th>
<th>U.S. Citizens or permanent residents</th>
</tr>
</thead>
</table>
| a. 1st immunization    | DATE MM/DD/YY / / DTaP/Td/Tdap | Date of most recent  
tetanus/diphtheria  
booster.  
(Given within the past 10 years) |
| b. 2nd immunization    | / / DTaP/Td/Tdap             | Date of immunization:  
MM/DD/YY / /  
booster.  
Identify immunization given:  
Tdp OR Tdap  
(Given within the past 10 years) |
| c. 3rd immunation:  
tetanus/diphtheria booster.  
(Given within the past 10 years) | / / DTaP/Td/Tdap             | |

**MMR (MEASLES/MUMPS/RUBELLA):** All students must complete Section 3 OR 4. *Not required if born before 1957.*

<table>
<thead>
<tr>
<th>SECTION 3: MMR*</th>
<th>MM/DD/YY</th>
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<tbody>
<tr>
<td>a. 1st immunization</td>
<td>/ /</td>
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<tr>
<td>b. 2nd immunization</td>
<td>/ /</td>
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</tbody>
</table>

**SECTION 4**

<table>
<thead>
<tr>
<th>1st immunization</th>
<th>2nd immunization</th>
<th>Illness</th>
<th>Date of Potive Lab/Serologic Evidence</th>
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</thead>
<tbody>
<tr>
<td>Measles*</td>
<td>MM/DD/YY</td>
<td>MM/DD/YY</td>
<td>MM/DD/YY</td>
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<tr>
<td>Mumps*</td>
<td>/ /</td>
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<tr>
<td>Rubella*</td>
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</tbody>
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**THE FOLLOWING IMMUNIZATIONS ARE RECOMMENDED (NOT REQUIRED) FOR ALL STUDENTS**

<table>
<thead>
<tr>
<th>SECTION 5</th>
<th>1st Immunization</th>
<th>2nd Immunization</th>
<th>3rd Immunization</th>
<th>Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (chickenpox)</td>
<td>/ /</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Meningococcal Meningitis</td>
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<td>□ Menomune</td>
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<td>□ Menactra</td>
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<tr>
<td>Human papillomavirus</td>
<td>□ Gardasil □ Cervarix</td>
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</tbody>
</table>

NAME AND SIGNATURE OF HEALTHCARE PROVIDER VERIFYING ABOVE INFORMATION

Healthcare Provider’s Printed Name_____________________________________________Stamp:

Signature_______________________________________________________________________Date_____________________________

Address________________________________________________________________________Phone Number (____)_________________

Date Received ____________________ Date Reviewed/Entered ___________________Reviewed/Entered by__________________________Complete ○ Incomplete ○

Missing ________________________ Action __________________________ Notes:__________________________

Please do not write below the line, for office use only

Mail to: SAIC Health Services  
116 South Michigan Avenue, 13th Floor  
Chicago, IL 60603 or fax to: 312-499-4290