

## **University Policy**

Volume S1: Student Affairs	S1.4 Student Immunization and Screening Policy	Responsible Office: Student Health Services
	Effective Date: 08/09/2018	Responsible Officer: Director

## POLICY STATEMENT

Northeastern Illinois University seeks to promote a healthy student body and maintain a healthy campus overall. Therefore, the University has adopted a policy of student immunization and screening as best practice from a public health standpoint.

## PURPOSE OF THE POLICY

Northeastern Illinois University, in accordance with the public policy of the State of Illinois, requires its students to provide proof of immunization against preventable communicable diseases.

## WHO IS AFFECTED BY THIS POLICY

All students who attend Northeastern Illinois University.

## DEFINITIONS

**Immunization:** the process whereby a person is made immune or resistant to an infectious disease, typically through the administration of a vaccine.

Screening: a simple test performed on a large number of people who have or are likely to develop a specified disease.

## REGULATIONS

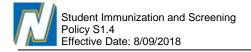
Illinois College Student Immunization Act (110 ILCS 20/5)

#### 1. PROOF OF IMMUNIZATION AND SCREENING

No student shall attend Northeastern Illinois University (the "University") without presenting proof that they have received such Immunizations/Screening against preventable communicable diseases as the Illinois Department of Public Health requires.

- Tetanus/Diphtheria/Pertussis (DTP, DTaP, DT, Td, Tdap) at least three doses, one of which is Tdap. Most recent booster must have been received within ten years of current enrollment.
- Measles/Mumps/Rubella (MMR) two doses of live measles, mumps, and rubella vaccine on or after the first birthday. If vaccine was given prior to 1968, proof of live vaccine without gamma globulin must be provided. Proof of birth before 1/1/1957 can be used in lieu of proof of MMR immunity. Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of measles, mumps, and rubella immunity.
- Meningococcal conjugate vaccine (MenACWY, Menactra® or Menveo®). This is encouraged for all students, and required for those students under the age of 22. Proof of second vaccination must be provided if first vaccination was given before age 16.

Upon arrival at the University, all international students must provide proof of a Tuberculosis screening test administered within the past year.



#### 2. MEDICAL EXEMPTION

No proof of Immunization and Screening shall be required if a physician or other health professional (see form for all accepted professionals), certifies that any Immunization or Screening required by the University is medically contraindicated.

#### 3. RELIGIOUS EXEMPTION

No proof of Immunization and Screening shall be required if the student presents a signed statement that the student objects to Immunization and Screening on religious grounds.

#### 4. SUBMISSION REQUIREMENTS

All students must submit documentation to NEIU Student Health Services (SHS) to comply with the Immunization and Screening requirements, or to request an exemption. All documentation must be received within ten days of the start date of the semester immediately following the student's first semester of enrollment. If a student has withdrawn from NEIU and has re-enrolled, documentation must be re-submitted within ten days of the start date of the semester immediately following the student's first student's first semester of re-enrollment.

#### 5. **PENALTIES**

Penalties for non-compliance will be imposed by Student Affairs/Dean of Students in accordance with University Policy and the Student Code of Conduct. The Dean of Students will access Banner compliance records only; medical records will remain confidential in Student Health Services.

Note: Students will have the 2018-19 academic year to provide their immunization documentation to be in compliance. Following the fall semester of 2019, students not in compliance will have a Student Affairs/Dean of Students registration hold placed on their account until it is verified that they are in compliance with the policy. Beginning in Fall 2019 students will need to comply by the end of the semester in which they first enroll.

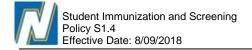
## PROCEDURES

#### PROCESS OF SUBMISSION AND VERIFICATION

- 1. All students must submit an NEIU Immunization Form (Appendix I) to Health Services with Part 1 completed and signed by the student.
- 2. In addition, all students must also submit proof of immunity by providing one of the following forms of documentation to Health Services:
  - The NEIU Immunization Form (Appendix I) with Parts II and III completed and signed by a health care provider or official.
  - A copy of the student's Illinois School Certificate of Child Health (obtained from Illinois high schools).
  - An official copy of immunizations signed or stamped by physician or medical clinic.
- 3. In addition, all international students must provide documentation of Tuberculosis screening that was performed within one year prior to arrival at the university.
- 4. Student Health Services (SHS) health professionals will review and determine if the documentation provides sufficient proof of compliance with, or acceptable exemption from the policy. Acceptable student documentation will be entered into SHS confidential medical records for tracking student immunizations. Students who have not provided sufficient proof of compliance will be notified by Students Affairs/ Dean of Students of their status and will be subject to the penalties listed above.

## AUTHOR REFERENCE

University of Illinois at Chicago – Medical Immunization Records <u>Illinois State University</u> – Immunization Requirements <u>Immunization definition</u> <u>Screening definition</u> <u>IL Administrative Code: Title 77, Chapter I, Subchapter k, part 694 section 100 (JCAR: 77.I.k.694.100)</u> IL Administrative Code: Title 77, Chapter I, Subchapter k, Part 694, Section 694.210



**APPENDIX** 

I. Immunization Form

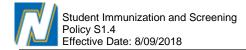
## **CONTACT INFORMATION**

Please direct questions or concerns about this policy to:

Contact	Phone	E-Mail
Director of Student Health Services	(773) 442-5800	health-services@neiu.edu

## DISCLAIMER

The University reserves the right to modify or amend sections of this policy at any time at its sole discretion. This policy remains in effect until such time as the Responsible Officer calls for review. Requests for exception to any portion of this policy, but not to the policy statement, must be presented in writing to the Responsible Officer.



## **APPENDIX I: IMMUNIZATION FORM**

# Northeastern

## **IMMUNIZATION FORM**

The proof of immunization, certification of medical exemption or statement of religious objection must be received before Advance Registration begins for the semester immediately following the student's first semester of enrollment. Please submit to Student Health Services at 5500 North St. Louis Avenue Chicago, Illinois 60625-4699 - E 051 - (773) 442-5800.

		PAR	T 1 – TO BE COMP	LETED BY STUDENT	ī			
Last Name		First		Middle Initial	If available:			
					Student ID# NEIU email:			
Date of Birth (Mo/D	au/Vr)	Dhana			Term Attending (Chec	k Opo)		
Date of Birth (NO/D	ay/11)	Phone			Fall Spring			
					Year			
I authorize North	eastern Illinois University to	release this imm	nunization record	d to the Illinois	International students n	aust provide proof of <sup>2</sup>		
	ublic Health or its designate alth or safety emergency.	d representative	, for compliance	audits and in	screening within one ye	ar of enrollment.		
the event of a ne	aith or safety emergency.				Please call 773-442-58	00 to schedule an ap	pointment.	
Student's Sig	nature		Date		-			
	PART II - TO BE COMPLETED A	ND SIGNED BY HE	ALTH CARE PROV	DER** ALL DATES N	NUST INCLUDE MONTH, D	AY & YEAR		
etanus/Diphtheri	a/Pertussis							
	ses; one must be Tdap		Date/	/ Day Year			<u> </u>	
					Month Day Ye	ar Month	Day Year	
. Most recent boo	ster - (Must be within 10 year	s of enrollment of		// Month Day Year	 r			
. Exemption			Attach physici	an's statement of	medical contraindication	on		
ombined MMR (I	Measles, Mumps, Rubella)*		Date/_	/	Date/	_/	OR	
			Month D	ay Year	Month Day	Year		
	* - Two required after first bit h live virus vaccine	thday.	Date /	/ (Dos	e 1) Date/	/ (Dose 2)		
	oof of live vaccine without gamm	ia globulin)		ay Year	Month Day	,	1 A 1	
. Immunity confirm . Exemption	ned by blood titer:		Date of test		n copy of laboratory rep medical contraindication			
Exemption			Actual physics	and statement of	modical contraincical			
	uired after first birthday.		Date/		Date/	1		
Immunization with	n live virus vaccine		Month Day		Month Day		2	
-	ed by acceptable laboratory	test			tach copy of laboratory			
Exemption			Attach physicia	an's statement of	medical contraindicatio	n		
	leasles) * - Two required afte	r first birthday	Date/		Date/	_/		
. Immunization with live virus vaccine		Month Day Year Month			Year	13		
. Immunity confirmed by blood titer		Date of test: Attach copy of labora			report			
. Exemption			Attach physicia	an's statement of	medical contraindicatio	n	_	
leningitis - Requi	red for all students age 21 or	younger. Encou	raged for all stud	lents, especially t	hose in residence halls			
. Meningococcal o	conjugate vaccine		Date/ Month D	/ (Dose	e 1)			
					-			
. Second vaccine	if first was given before age	16	Date/_ Month D	/ (Dose	e 2)			
. Exemption					medical contraindicati	on		
		P	art III - Recommen	ded Immunizations				
epatitis A:	Date//	Date/	/		HPV:	Date/	/	
aricella: [	Date/	Date/	/			Date/	_/	
	Date / /	Date/	/	Date/_		Date/	/	
epatitis B:								
•		the designated rec	cord keeping office	verifying that abov	e information is complete	and accurate		
Part IV – H	lealth Care Provider or Official of	-						
Part IV – H		-				and accurate.		

Proof of birth before 1/1/1957 can be used in lieu of proof of M

\*\*Physican licensed to practice medicine in any of its branches (MD, DO), APN, a local health authority, registered nurse employed by a school, college or university, or a departmentally recognized vaccine provider.