



MIDWESTERN UNIVERSITY

Student Compliance | 555 31st Street Downers Grove, IL 60515
Phone: 630-971-6401 | Student Services: 630-515-6470
FOR USE BY OUTSIDE PROVIDERS

Vaccine Administration Record for Midwestern University Students

Instructions:

Required fields are indicated with an asterisk (*). For questions, please contact Don Evans at 630-971-6401.

Student Information:

Print Student Name*: _____ Student ID#*: _____
Date of Birth*: _____ Phone*: _____ Program/Year*: _____
Student Signature*: _____

Please Indicate Vaccine(s) Received:

Select the vaccine received and enter all information about the vaccine.

| | |
|---|--|
| <input type="checkbox"/> TDAP | <input type="checkbox"/> Hepatitis B (Select one) |
| <input type="checkbox"/> MMR | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Varicella (Select One) | <input type="checkbox"/> Hepatitis B Booster (Select one) |
| <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |

#1 Vaccine*: _____

Manufac.*: _____ Lot #: _____ Exp. Date*: _____

Date Given*: _____ Site*: _____ Route*: SQ IM

Administers Signature*: _____

#2 Vaccine: _____

Manufac.: _____ Lot #: _____ Exp. Date: _____

Date Given: _____ Site: _____ Route: SQ IM

Administers Signature: _____

Required Healthcare Provider Information and Certification (Cannot be signed by student or non-healthcare provider)

Print Provider Name*: _____

Credentials/Title*: _____

Provider Signature*: _____

Phone*: _____

Fax*: _____