



# Immunization Update Training

## Office of the University Registrar

Revised September 30, 2016 by Susan Janick

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# Immunization Topics

- Immunizations Requirement Changes
  - General Student population
  - Exemptions
  - Alternative Immunization Records
- Student Submission Process
- Immunization Status – Student View
- Registration Impact
- Staff view of submission

# Updated State Requirements

- All students (including International Students) who attend an on campus location are required to provide proof of immunization unless otherwise exempt or born on or before January 1, 1957.
- Proof of the following immunizations is required by law:
- Tetanus/Diphtheria/Pertussis - 3 doses (at least 1 Tdap in lifetime, last dose within the past 10 years.)
- Measles - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Mumps - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Rubella - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Meningococcal - 1 dose ( for those under the age of 22, taken on or after 16th birthday.)

# Immunization Exemptions

## (No changes at this time)

- **Medical/Pregnancy Exemption** - Requires a signed and dated statement from a physician

[Medical/Pregnancy Exemption Form](#)

- **Religious Exemption** - Requires a signed and dated statement

[Religious Exemption Form](#)

- **Born before January 1, 1957** - Requires a copy of a state ID; signed and dated statement

[Date of Birth Exemption Form](#)

# Additional Exemptions

- **Distance Learning** students are exempt. This exemption expires at the end of each term and is reapplied as long as the student maintains distance learning-only status.
- **Students in Certificate Programs** (i.e. IPD, CPA Review, etc.) are required to comply with immunization regulations **unless:**
  - Only enrolled for **one term** (quarter or semester, depending on the program)
  - Their **classes do not meet at a DePaul University campus** location

# Alternative Immunization Records

- If the student is unable to provide immunization records or if the student believes that they now have immunity, the student **must** provide a **positive titer result for Measles, Mumps and/or Rubella** as acceptable as proof of immunization.
- A copy of the lab report **must** be submitted to prove immunity.
- If the lab report results are **equivocal or negative**, the student is **not immune**.
- The additional vaccination and lab results must be submitted to complete the immunization requirements.



# Updated Immunization Form



DePaul University

## Immunization Form

### STUDENT INFORMATION (this section must be completed):

Last Name	First Name and Middle Initial	Date of Birth (mm/dd/yyyy)
DePaul Student #	E-mail Address	International Student? (F-1 or J-1 Visa) Yes No

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party.

Student Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### Please complete either Option A or Option B

- ☐ **Option A:** Include a copy of your Official Immunization Records proving ALL immunizations. (SKIP OPTION B)  
☐ **Option B:** See below – Remainder of form to be completed and signed by physician or health care provider.

### OPTION B: To be completed and signed by physician or health care provider. Please note the following:

- Positive laboratory (serologic) evidence of immunity via blood (antibody) titer is acceptable proof for Measles, Mumps and Rubella.
- Include all lab evidence with copy of lab report.
- Anyone with a vaccine exemption may be excluded from the college/university in the event of an outbreak in accordance with public health recommendations.
- All documents must be in English or accompanied by a certified translation.

	Dose 1			Dose 2			Dose 3		
	Td	DTap	Tdap	Td	DTap	Tdap	Td	DTap	Tdap
<b>TETANUS/ DIPHTHERIA/ PERTUSSIS</b> - 3 doses required, last dose within the past 10 years. At least 1 dose of Tdap in lifetime must be submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
<b>MEASLES/ MUMPS/ RUBELLA</b> - 2 doses required of MMR or each individually, at least 28 days apart, after 12 months of age. Neither dose can be prior to 1968.	<b>MMR Dose 1</b>			<b>Measles Dose 1</b>			<b>Mumps Dose 1</b>		
	MM/DD/YYYY			MM/DD/YYYY			MM/DD/YYYY		
	<b>MMR Dose 2</b>			<b>Measles Dose 2</b>			<b>Mumps Dose 2</b>		
	MM/DD/YYYY			MM/DD/YYYY			MM/DD/YYYY		
				<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.			<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.		
							<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.		
<b>MENINGOCOCCAL CONJUGATE</b> - 1 dose required if under 22 years old, taken on or after the age of 16.	<b>Dose 1</b>								
	MM/DD/YYYY								

Physician or public health official verification - I verify to the best of my knowledge that the above immunization information is correct.

Physician Name (print or stamp)	Physician's Phone #
Physician's Signature:	Date (mm/dd/yyyy)

This form must be completed and returned with applicable attachments before the student is allowed to register.

**To submit this form and/or additional records:** Scan or take a photo of this completed form and any additional documents, then go to [Campus Connect](#) > Student Center > Personal Information > Immunization Status (under other personal dropdown). You may also find it under Self Service > Admission > Next Steps > Immunization Status.

For more information visit: [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations).

For DePaul Central Office Use Only:		Partial:	Complete:	Hold Removed:
Date:	Staff Initials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated 9/2016

The updated PDF form will reflect the current requirements and new online self-service submission navigation in Campus Connect.

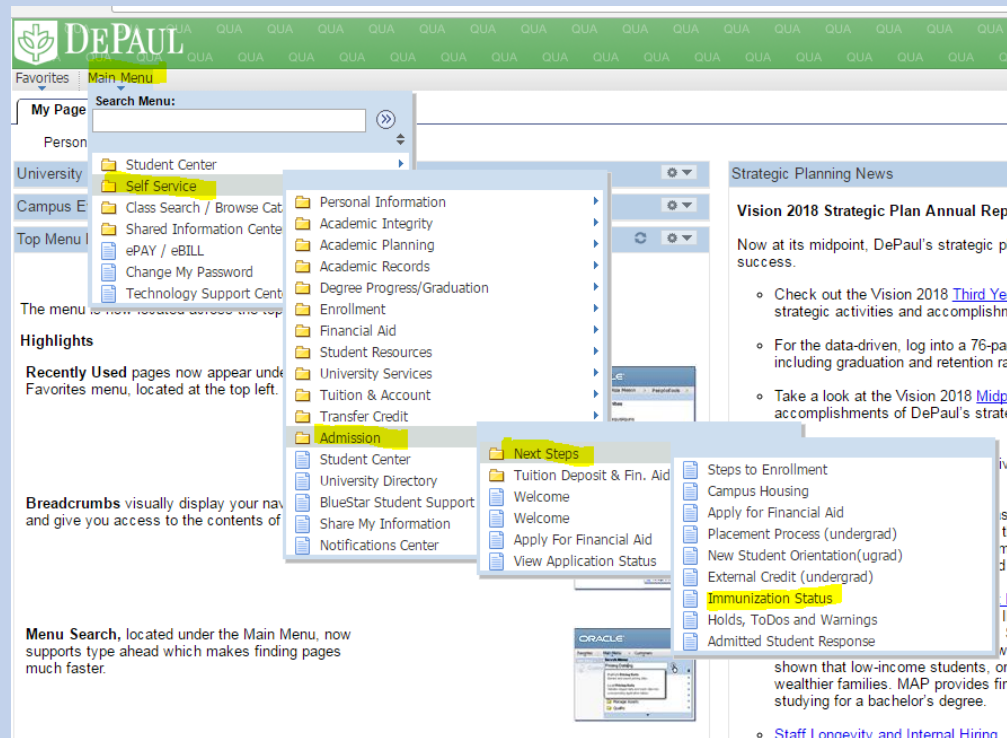


DEPAUL UNIVERSITY



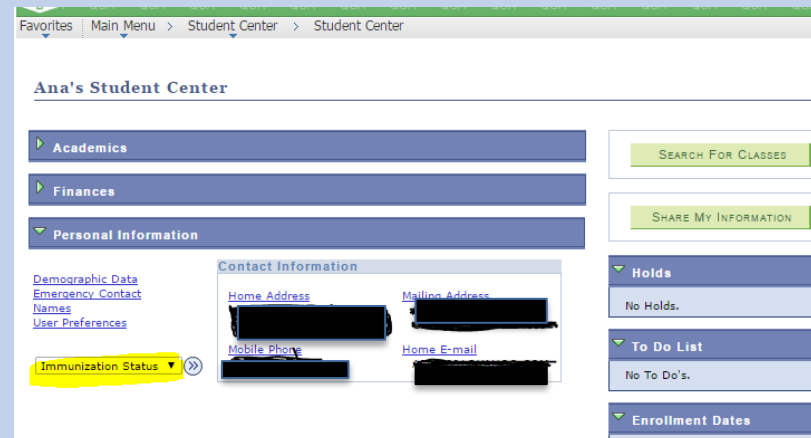
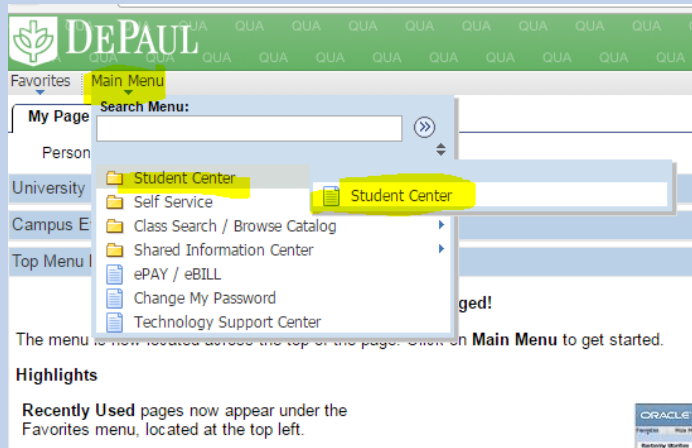
# How New Students Submit Immunization Records

Through the Admission's Next Steps (Main Menu>Self Service >Admission > Next Steps > Immunization Status



# How Current Students Submit Immunization Records through the Student Center

Campus Connect > Main Menu > Student Center > (Personal Information Student) > **Immunization Status** (from the drop down menu)



# Student Submission Process through Student Center Continued

From the Main Menu > Student Center > Personal Information  
Student) > **Immunization Status**

The screenshot shows the DePaul University Student Center interface. At the top is a green navigation bar with the DePaul logo and a series of 'QUA' links. Below this is a breadcrumb trail: 'Favorites | Main Menu > Student Center > Student Center > Immunizations Status'. The main content area is titled 'Immunization Status' and includes the text 'DePaul University - Chicago, IL' and the date '09/30/2016'. The user's name, 'Ana Marie', is displayed. A message states: 'Your immunization records at DePaul University are listed in the chart below.' Below this, there are instructions on how to submit immunization records, including a link to the 'Immunization Requirements Submittal Process' (highlighted in yellow) and the 'DePaul University Immunization Form'. A table displays the immunization status for various diseases. The table has columns for 'Inoculation', 'StatusDate', '1st Inoculation', '2nd Inoculation', '3rd Inoculation', 'ExpirationDate', and 'Status'. The status for Diphtheria, Tetanus, Measles, and Rubella is 'Complete'. The status for Meningococcal, Mumps, Pertussis, and Rubella is 'Not Received' or 'Incomplete/Expired'. A 'Print this page' button is located at the bottom left of the table.

**Immunization Status**  
DePaul University - Chicago, IL  
09/30/2016

**Ana Marie**

Your immunization records at DePaul University are listed in the chart below.

Use the **Immunization Requirements Submittal Process** link below to submit your required immunization records.

If you do not have a copy of your records you may use the **DePaul University Immunization Form** below to have your physician or health care provider complete and sign. Then return to this Campus Connect page to submit the form through the link below.

For more information about the immunization requirements, please visit [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations).

[Immunization Requirements Submittal Process](#)  
[DePaul University Immunization Form](#)

Inoculation	StatusDate	1st Inoculation	2nd Inoculation	3rd Inoculation	ExpirationDate	Status
Diphtheria, Tetanus	2011-01-21	2010-12-30			2020-12-30	Complete
Measles	2011-01-21	2011-01-03	2011-01-03			Complete
Meningococcal		Required				Not Received
Mumps	2011-01-21	2011-01-03	Required			Incomplete/Expired
Pertussis		Required				Not Received
Rubella	2011-01-21	2011-01-03	Required			Incomplete/Expired

# Student Submission Page with Immunization Process Link

- The student may begin the submittal process by clicking the “Immunization Requirements Submittal Process” link.
- If the Student needs a copy of the Immunization form to take to their doctor, they click on the “DePaul University Immunization Form” link on the Submission Process Page to print the form .

DEPAUL University

Immunization Status  
DePaul University - Chicago, IL  
09/30/2016

Ana Marie N Epis  
Your immunization records at DePaul University are listed in the chart below.

Use the **Immunization Requirements Submittal Process** link below to submit your required immunization records.

If you do not have a copy of your records you may use the **DePaul University Immunization Form** below to have your physician or health care provider complete and sign. Then return to this Campus Connect page to submit the form through the link below.

For more information about the immunization requirements, please visit [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations).

**Immunization Requirements Submittal Process** ←

[DePaul University Immunization Form](#)

Inoculation	StatusDate	1st Inoculation	2nd Inoculation	3rd Inoculation	ExpirationDate	Status
Diphtheria, Tetanus	2011-01-21	2010-12-30			2020-12-30	Complete
Measles	2011-01-21	2011-01-03	2011-01-03			Complete
Meningococcal		Required				Not Received
Mumps	2011-01-21	2011-01-03	Required			Incomplete/Expired
Pertussis		Required				Not Received
Rubella	2011-01-21	2011-01-03	Required			Incomplete/Expired

Print this page

DePaul University Immunization Form

STUDENT INFORMATION (this section must be completed):

Last Name: \_\_\_\_\_ First Name and Middle Initial: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

DePaul Student #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ International Student? (Y-1 or Y-1 has) Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not release my immunization documentation to me or any other academic institution or third party.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete either Option A or Option B:

☐ Option A: Include a copy of your Official Immunization Records proving ALL immunizations. (SKIP OPTION B)

☐ Option B: See below - Remainder of form to be completed and signed by physician or health care provider.

OPTION B: To be completed and signed by physician or health care provider. Please note the following:

- Positive laboratory (serologic) evidence of immunity via blood (antibody) titer is acceptable proof for Measles, Mumps and Rubella.
- Include all lab evidence with copy of lab report.
- Anyone with a vaccine exemption may be excluded from the college/university in the event of an outbreak in accordance with public health recommendations.
- All documents must be in English or accompanied by a certified translation.

TETANUS/ DYPHTHERIA/ PERTUSSIS - 3 doses required, last dose within the past 10 years. At least 1 dose of Tdap in lifetime must be submitted.

Dose 1	Dose 2	Dose 3
MMRI Dose 1	Measles Dose 1	Mumps Dose 1
MMRI Dose 2	Measles Dose 2	Mumps Dose 2
		Rubella Dose 1
		Rubella Dose 2

OR positive blood titer with REQUIRED copy of lab report.

MENINGOCOCCAL CONJUGATE - 1 dose required if under 22 years old, taken on or after the age of 16.

Dose 1

OR positive blood titer with REQUIRED copy of lab report.

Physician or public health official verification: I verify to the best of my knowledge that the above immunization information is correct.

Physician Name (print name): \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and returned with applicable attachments before the student is allowed to register.

To submit this form and/or additional records: Scan or take a photo of this completed form and any additional documents, then go to **Campus Connect** > Student Center > Personal Information > Immunization Status (under other personal dropdown). You may also find under Self Service > Admission > Next Steps > Immunization Status.

For more information visit: [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations)

For DePaul Central Office Use Only:

Date	Staff Initials	Partial	Complete	Not Received
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated 9/2016

# Student Self-Service Submission Page



EMPLID: [REDACTED]

Name: Ana [REDACTED]

DePaul University complies with the Illinois Department of Health, which requires that all students who enroll and attend a campus location provide proof of the following immunizations:

- Tetanus/Diphtheria/Pertussis - 3 doses (at least 1 Tdap in lifetime, last dose within the past ten years.)
- Measles - 2 doses at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Mumps - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Rubella - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Meningococcal - 1 dose (if under the age of 22, taken on or after 16th birthday.)

**NOTE:** Failure to meet the requirements will result in a hold on your registration. Learn more about the Immunization [Requirements](#) and [Exemptions](#)

Your immunization records at DePaul University are listed below.

Innoculation	Status Date	1st Inoculation	2nd Inoculation	3rd Inoculation	Expiration Date	Status
Diphtheria, Tetanus	1/21/2011	12/30/2010			2020-12-30	Complete
Pertussis		Required				Not Received
Measles	1/21/2011	1/3/2011	1/3/2011			Complete
Mumps	1/21/2011	1/3/2011	Required			Incomplete/Expired
Rubella	1/21/2011	1/3/2011	Required			Incomplete/Expired
Meningococcal		Required				Not Received

"Required" - specifies the immunization is required and must be submitted.

"Completed" - your immunization record has been received and meets the requirement.

"Incomplete/Expired" or "Not Received" - your immunization record has expired or additional records or information is needed.

Cells that are grayed out (N/A on printed version) indicate immunizations that are not required

Do you have documents in an electronic format and ready to upload now?

☒ Yes (Please use one of the following formats: GIF, JPG, PDF, PNG, TIF)

**Acceptable Immunization Documentation:**

- Lower school/college medical records
- Titer (blood test to prove immunity) Not applicable to Tetanus
- Doctor's Note/childhood medical records
- State medical records
- Pharmacy receipts
- Appointment cards
- Exemption forms:
  - Medical/Pregnancy
  - Religious
  - Age

☐ No, I want to print the DePaul University Immunization Form to have my physician or health care provider complete and sign.

[Cancel. I do not wish to continue](#)

[Next](#)



# When student is prepared to submit an electronic document

- After student selects “Yes” then the student selects “Next” at the bottom of the page..

**DEPAUL** | Immunization Requirements Sign Out

EMPLID: [REDACTED] Name: AN [REDACTED]

DePaul University complies with the Illinois Department of Health, which requires that all students who enroll and attend a campus location provide proof of the following immunizations:

- Tetanus/Diphtheria/Pertussis - 3 doses (at least 1 Tdap in lifetime, last dose within the past ten years.)
- Measles - 2 doses at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Mumps - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Rubella - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Meningococcal - 1 dose (if under the age of 22, taken on or after 16th birthday.)

**NOTE:** Failure to meet the requirements will result in a hold on your registration. Learn more about the Immunization [Requirements](#) and [Exemptions](#).

Your immunization records at DePaul University are listed below:

Immunization	Status Date	1st Inoculation	2nd Inoculation	3rd Inoculation	Expiration Date	Status
Diphtheria, Tetanus	1/21/2011	12/30/2010			2020-12-30	Complete
Pertussis		Required				Not Received
Measles	1/21/2011	1/3/2011	1/2/2011			Complete
Mumps	1/21/2011	1/3/2011	Required			Incomplete/Expired
Rubella	1/21/2011	1/3/2011	Required			Incomplete/Expired
Meningococcal		Required				Not Received

**Required** - specifies the immunization is required and must be submitted.  
**Completed** - your immunization record has been received and meets the requirement.  
**Incomplete/Expired** or **Not Received** - your immunization record has expired or additional records or information is needed.

Cells that are grayed out (N/A on printed version) indicate immunizations that are not required.

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Do you have documents in an electronic format and ready to upload now?

☒ **Yes (Please use one of the following formats: GIF, JPG, PDF, PNG, TIF)**

**Acceptable Immunization Documentation:**

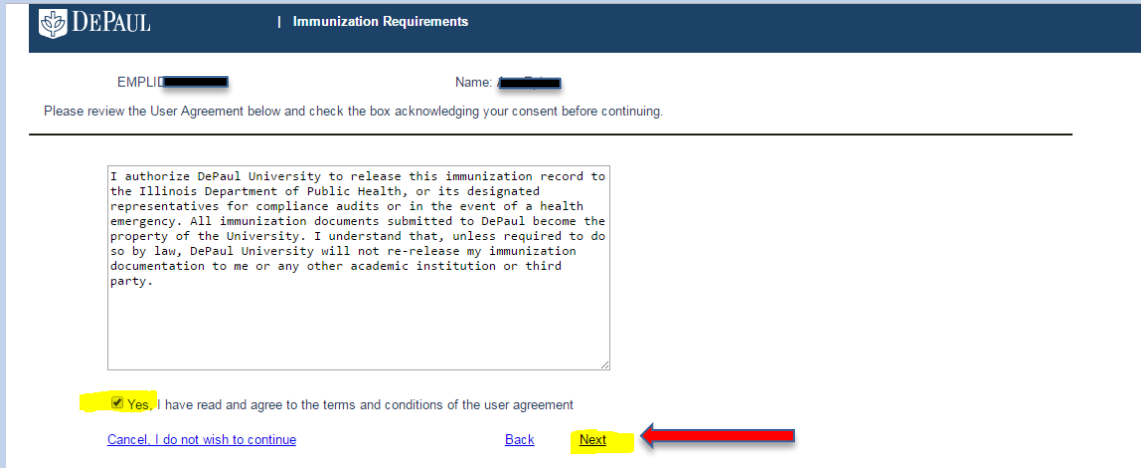
- Lower school/college medical records
- Titer (blood test to prove immunity) Not applicable to Tetanus
- Doctor's Note/childhood medical records
- State medical records
- Pharmacy receipts
- Appointment cards
- Exemption forms
  - Medical/Pregnancy
  - Religious
  - Age

☐ No, I want to print the DePaul University Immunization Form to have my physician or health care provider complete and sign.

[Cancel, I do not wish to continue](#) [Next](#)

# Student Submission

- The student will review the text regarding non-release of submitted document, check “Yes” and then “Next” to proceed...



The screenshot shows a web form titled "Immunization Requirements" with the DePaul University logo. It includes fields for "EMPLID" and "Name", both containing redacted information. A message states: "Please review the User Agreement below and check the box acknowledging your consent before continuing." Below this is a text box containing the following text: "I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representatives for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party." At the bottom, there is a checkbox labeled "Yes, I have read and agree to the terms and conditions of the user agreement" which is checked. To the left of this checkbox is a link "Cancel, I do not wish to continue". To the right are two buttons: "Back" and "Next". A red arrow points to the "Next" button.

DEPAUL | Immunization Requirements

EMPLID: [REDACTED] Name: [REDACTED]

Please review the User Agreement below and check the box acknowledging your consent before continuing.

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representatives for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party.

☒ Yes, I have read and agree to the terms and conditions of the user agreement

[Cancel, I do not wish to continue](#) [Back](#) [Next](#)



# Student Submission Process

- Immunizations needed have a note “**Required**” above the open space to enter the immunization date by student.
- Student selects the immunization by checking the box of the immunization(s) they wish to enter and enters the date taken in the open area of the immunization status grid.

https://vdatqua01.dpu.depaul.edu/immunization/UploadImmunization.aspx

DEPAUL Immunization Requirements

EMPLID: [REDACTED] Name: [REDACTED]

Steps to submit your immunization documents:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation
3. Click the "upload immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2016	Date Taken:	Date Taken:
<input checked="" type="checkbox"/>	Pertussis	REQUIRED Date Taken: 09/07/2016	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED Date Taken:	Date Taken:	Date Taken:

The documents must be in one of these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

Choose File | No file chosen | Upload Immunization


Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
Immunization Documents Pending Review:				
No Documents currently being reviewed				

Cancel I do not wish to continue | Back | Submit

# Student Submission Process

- The student will click on “Choose File” and once selected they will click on “Upload Immunization”...

 **Immunization Requirements**

EMPLID: [REDACTED] Name: [REDACTED]



Steps to submit your immunization documents:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the “Browse” button to find and select your supporting documentation
3. Click the “upload immunization” button, be sure your upload appears under the uploaded section and then click “Submit”.

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2010	Date Taken:	Date Taken:
<input checked="" type="checkbox"/>	Pertussis	REQUIRED Date Taken: 09/07/2016	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED Date Taken:	Date Taken:	Date Taken:

The documents must be in one of these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

 [Choose File](#) No file chosen [Upload Immunization](#) 

Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
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Immunization Documents Pending Review:

No Documents currently being reviewed

[Cancel, I do not wish to continue](#) [Back](#) [Submit](#)

# Student Submission Process

- The file chosen will be seen next to the “Choose File” button..

The screenshot shows the DePaul University Immunization Requirements submission form. At the top, there's a header with the DePaul logo and the title "Immunization Requirements". Below this, there are fields for "EMPLID" and "Name: Ans".

Instructions for submission are provided:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation.
3. Click the "Upload Immunization" button. Be sure your upload appears under the uploaded section and then click "Submit".

A note states: "NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them."

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2010	Date Taken:	Date Taken:
<input checked="" type="checkbox"/>	Pertussis	REQUIRED Date Taken: 09/07/2016	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED Date Taken:	Date Taken:	Date Taken:

Below the table, it states: "The documents must be in one of these formats: GIF, JPG, PDF, PNG or TIF (Maximum limit of 5 Documents allowed)".

There is a "Choose File" button next to the text "Immunization Form\_SEPT\_2016 (002).pdf". To the right is an "Upload Immunization" button.

Below this, it says "Uploaded Immunization Documents Available for Edit:" followed by a table with columns: Name, Type, Size, Modified, Preview.

At the bottom, it says "Immunization Documents Pending Review:" followed by a text box containing "No Documents currently being reviewed".

At the very bottom, there are three buttons: "Cancel, I do not wish to continue", "Back", and "Submit".

# Student Submission Process

- The student will then click on “Upload Immunization” and the document will be visible ..

DEPAUL | Immunization Requirements

EMPLID: [REDACTED] Name: Ana [REDACTED]

Steps to submit your immunization documents:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation
3. Click the "upload immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTap, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2010	Date Taken:	Date Taken:
<input checked="" type="checkbox"/>	Pertussis	REQUIRED Date Taken: 09/07/2016	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED Date Taken:	Date Taken:	Date Taken:

The documents must be in one of these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

[Choose File](#) No file chosen [Upload Immunization](#)

Uploaded Immunization Documents Available for Edit:

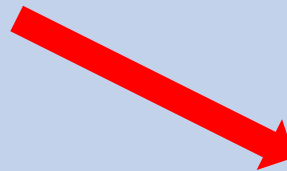
Name	Type	Size	Modified	Preview
Immunization Form_SEPT_2016 (002).pdf	pdf	36617	9/30/2016 11:32:43 AM	

Immunization Documents Pending Review:  
No Documents currently being reviewed

[Cancel: I do not wish to continue](#) [Back](#) [Submit](#)

# Student Submission Process

- If the Student wishes to view the document uploaded for clarity they can click on “Preview” and view the uploaded documents..



**DEPAUL** | Immunization Requirements

EMPLID: [REDACTED] Name: [REDACTED]

Steps to submit your immunization documents:

- Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
- Click the "Review" button to find and select your supporting documentation.
- Click the "Upload Immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTaP or DTaP please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 11/20/16, then select Measles, Mumps and Rubella in the chart and enter the same 11/20/16 for each of them.

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2010	Date Taken:	Date Taken:
<input type="checkbox"/>	Polio	REQUIRED	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED	Date Taken:	Date Taken:

The documents must be in one of the three formats: GIF, JFC, PDF, PNG or TIFF (Maximum limit of 9 Documents allowed)

[Choose File](#) [No file chosen](#) [Upload Immunization](#)

Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
Immunization Form_MPT_2016 (300) pdf	pdf	5'000'015 11 32 43 AM	386'7	<a href="#">Preview</a>

Immunization Documents Pending Review:  
No Documents currently being reviewed

[Cancel](#) [I do not wish to continue](#) [Back](#) [Submit](#)

**DePaul University** | Immunization Form

**STUDENT INFORMATION (this section must be completed):**

Last Name: [REDACTED] First Name and Middle Initial: [REDACTED] Date of Birth (mm/dd/yyyy): [REDACTED]

DePaul Student ID: [REDACTED] E-mail Address: [REDACTED] International Student? (Y or N): [REDACTED]

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance with all state and federal laws. All immunization documents submitted to DePaul become the property of the University. I understand that, unless otherwise stated, all documents must be in English. DePaul University will not reimburse my immunization documentation fees in any other situation.

Student Signature: [REDACTED] Date: [REDACTED]

**Please complete either Option A or Option B**

☐ **Option A:** Include a copy of your Official Immunization Records proving ALL immunizations. (SKIP OPTION B)

☐ **Option B:** See below - exemption or form to be completed and signed by physician or health care provider.

**OPTION B:** To be completed and signed by physician or health care provider. Please note the following:

- Positive laboratory (serologic) evidence of immunity via blood (serology) test is acceptable proof for Measles, Mumps and Rubella.
- Include all lab evidence with copy of lab report.
- Anyone with a vaccine exemption may be excluded from the college/university in the event of an outbreak in accordance with public health recommendations.
- All documents not in English must be accompanied by a certified translation.

**TETANUS/DIPHTHERIA/PERTUSSIS -**

Dose 1	Dose 2	Dose 3
Yes	Yes	Yes
No	No	No

3 doses required, last dose within the last 10 years. At least 1 dose of Tdap is required.

**MEASLES/MUMPS/RUBELLA -**

Dose 1	Dose 2	Dose 3
Yes	Yes	Yes
No	No	No

2 doses required of MMR or each component, at least 28 days apart after 12 months of age. Neither dose can be prior to 1988.

**MENINGOCOCCAL CONJUGATE -**

Dose 1
Yes
No

1 dose required under 22 years old, taken on or after the age of 16.

Physician or public health official verification - I verify to the best of my knowledge that the above immunization information is correct.

Physician Name (print or stamp): [REDACTED] Physician's Phone #: [REDACTED]

Physician's Signature: [REDACTED] Date (mm/dd/yyyy): [REDACTED]

This form must be completed and returned with applicable attachments before the student is allowed to register.

To submit this form and/or additional records go to [Campus Connect](#) > Student Center > Personal Information > Immunization Status (under other personal documents). You may also find it under Self Service > Admission > Next Steps > Immunization Status.

For more information visit [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations)

Far DePaul Central Office Use Only:

Printed	Complete	Not Reviewed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated 10/16

# Student Submission

- If the students feels the document is fine for submission then they will click the “Submit” tab at the bottom of the page..

DEPAUL | Immunization Requirements

EMPLID: [REDACTED] Name: Ana [REDACTED]

Steps to submit your immunization documents:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation
3. Click the "upload immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	Date Taken: 12/30/2010	Date Taken:	Date Taken:
<input type="checkbox"/>	Pertussis	REQUIRED Date Taken:	Date Taken:	Date Taken:
<input type="checkbox"/>	Measles	Date Taken: 1/3/2011	Date Taken: 1/3/2011	Date Taken:
<input type="checkbox"/>	Mumps	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Rubella	Date Taken: 1/3/2011	REQUIRED Date Taken:	Date Taken:
<input type="checkbox"/>	Meningococcal	REQUIRED Date Taken:	Date Taken:	Date Taken:

The documents must be in one of these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

[Choose File](#) | No file chosen [Upload Immunization](#)

Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
Immunization Form_SEPT_2016 (602).pdf	pdf	39617	9/30/2016 11:32:43 AM	

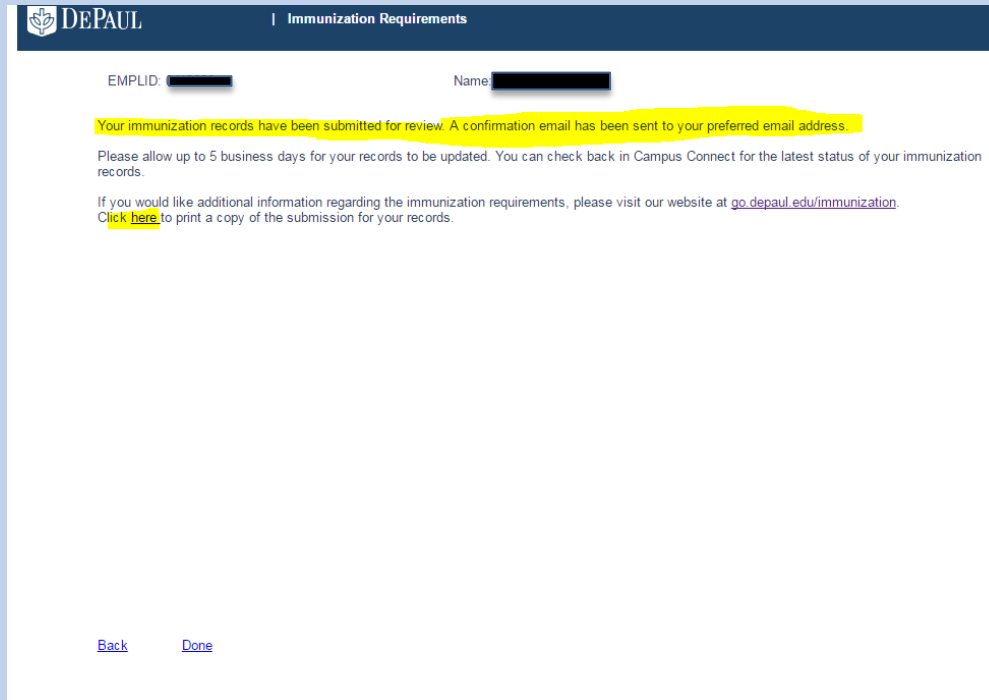
Immunization Documents Pending Review:

No Documents currently being reviewed

[Cancel, I do not wish to continue](#) [Back](#) [Submit](#)

# Student Submission

- Once “Submitted “ the Student will see a confirmation of the submission and receive an email to their preferred email on file.



The screenshot shows a web page with a dark blue header containing the DePaul University logo and the text "Immunization Requirements". Below the header, the page displays "EMPLID:" followed by a redacted black box and "Name:" followed by another redacted black box. A yellow highlighted message states: "Your immunization records have been submitted for review. A confirmation email has been sent to your preferred email address." Below this, a paragraph informs the user: "Please allow up to 5 business days for your records to be updated. You can check back in Campus Connect for the latest status of your immunization records." Another paragraph provides additional information: "If you would like additional information regarding the immunization requirements, please visit our website at [go.depaul.edu/immunization](http://go.depaul.edu/immunization). Click [here](#) to print a copy of the submission for your records." At the bottom left, there are two blue links: "Back" and "Done".



# View of email sent to student after submission

Hello [REDACTED]

Please allow up to 5 business days for your records to be updated. You can check back in Campus Connect for the latest status of your immunization records.

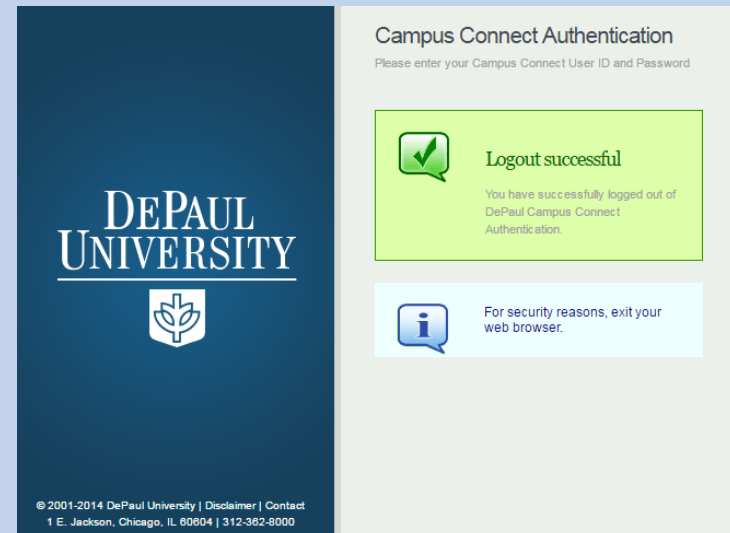
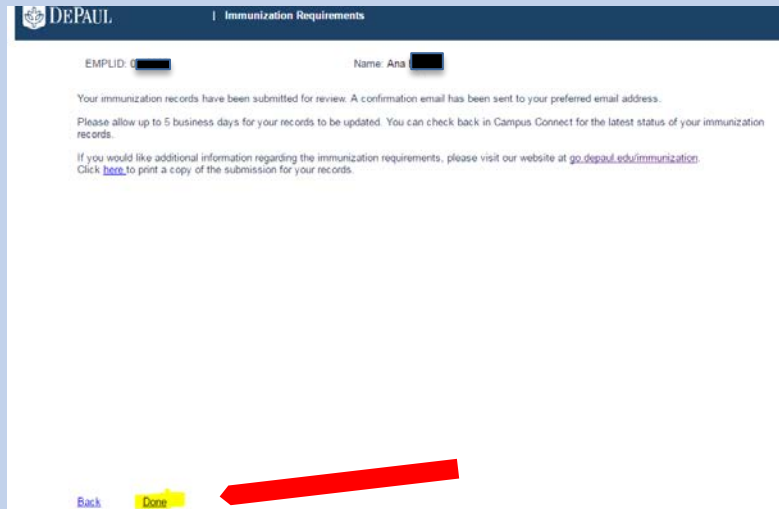
Below shows what you have uploaded:

Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<i>Diphtheria, Tetanus</i>	12/30/2010		
<i>Pertussis</i>	<b>UPLOADED</b> 09/07/2016		
<i>Measles</i>	1/3/2011	1/3/2011	
<i>Mumps</i>	1/3/2011	REQUIRED	
<i>Rubella</i>	1/3/2011	REQUIRED	
<i>Meningococcal</i>	REQUIRED		



# When Student is finished submitting

- After completing the submission and student is not submitting any additional documents the student can click on the link “Done” and they will be signed out of the Processing area.
- Students may later return to the Campus Connect Immunization Status grid to view their current status.

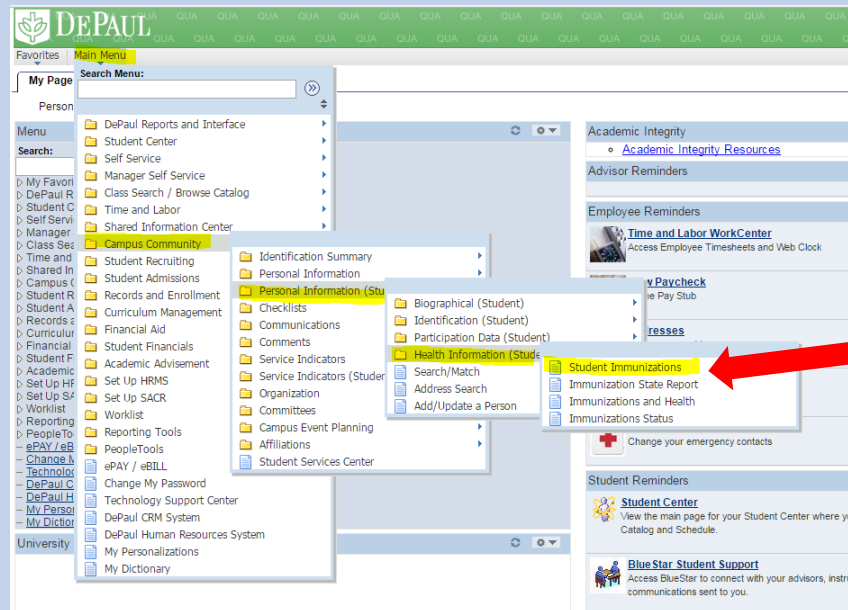


# Registration Impact

- The students at this time are receiving an IMN (future hold ) and are being given reminders to submit immunization documents.
- Registration is not restricted with the IMN until Spring of 2017.
- IMX and hold removals will continue to be handled in the same way by DePaul Central staff.

# Staff view of documents submitted

- Staff can still view the Immunization Status grid page but will also be able to view the Complete, Pending and New items in Campus Connect. The Path is Main Menu>Campus Community>Personal Information (Student)>Health Information (Student) >Student Immunizations.



# Staff view of documents submitted

Click on the drop down menu for options for viewing.

DEPAUL

Favorites | Main Menu > Campus Community > Personal Information (Student) > Health Information (Student) > Student Immunizations

### Student Immunizations

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

Empl ID: begins with

Last Name: begins with

First Name: begins with

Submit Status: = **New**

Date Received: =

Limit the number of results to (up to 300): 300

Search Clear Basic Search Save Search Criteria

A red arrow points to the 'New' option in the Submit Status dropdown menu.

DEPAUL

Favorites | Main Menu > Campus Community > Personal Information (Student) > Health Information (Student) > Student Immunizations

### Student Immunizations

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

Empl ID: begins with

Last Name: begins with

First Name: begins with

Submit Status: = **Complete**

Date Received: =

Limit the number of results to (up to 300): 300

Search Clear Basic Search Save Search Criteria

A red arrow points to the 'Complete' option in the Submit Status dropdown menu.

DEPAUL

Favorites | Main Menu > Campus Community > Personal Information (Student) > Health Information (Student) > Student Immunizations

### Student Immunizations

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Search Criteria

Empl ID: begins with

Last Name: begins with

First Name: begins with

Submit Status: = **Pending**

Date Received: =

Limit the number of results to (up to 300): 300

Search Clear Basic Search Save Search Criteria

A red arrow points to the 'Pending' option in the Submit Status dropdown menu.

# Staff viewing of documents submitted

- Once making the selection from the drop down ..click on search to view submissions. You can click on the student you are searching for and view the submission.

**DEPAUL**

Favorites | Main Menu > Campus Community > Personal Information (Student) > Health Information (Student) > Student Immunizations

**Student Immunizations**

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

**Search Criteria**

Empl ID: begins with  
Last Name: begins with  
First Name: begins with  
Submit Status: a New  
Date Received: a

Limit the number of results to (up to 300): 300

Search Clear Basic Search Save Search Criteria

**Search Results**

Empl ID	Last Name	First Name	Submit Status	Date Received
0112866	EPIS	ANA	New	09/30/2016
0724811	DOMENKO	ALEXANDER	New	09/28/2016
1317232	NEGRETTE	GABRIEL	New	09/21/2016
1317232	NEGRETTE	GABRIEL	New	09/21/2016
1321164	WESSLUND	SEAN	New	09/15/2016
1380059	PEREIT	MADLINE	New	(blank)
1392183	LARSON	JULIA	New	09/27/2016
1469500	ORISENO	OLGA	New	09/15/2016
1514858	SCHUCK	PAIGE	New	09/23/2016

**DEPAUL**

Favorites | Main Menu > Campus Community > Personal Information (Student) > Health Information (Student) > Student Immunizations

**Immunization Documents** | Student Immunizations

Ana Epis 0112866

1. Add/Update/Delete immunization data as needed.  
2. Set the Submit Status to 'Complete' for verified immunizations. Set others to 'Pending'.  
3. Save your changes, then click the Submit button to write the verified data to the student's record. Completed immunizations will be deleted from the grid.  
\*\*\*Only immunizations with a Submit Status of 'Complete' will be written to the student's record.

Submit

**Student Self Reported Data**

Immunization	Immunization Nbr	Criteria Nbr	Description	Date Taken	Test Status	Date Received	Submit Status
PERT	2	1	First Inoculation	09/07/2016	Test Taken	09/30/2016	New

**Immunization Documents**

Drawer name	Field4	Page Number	Created By	Created

Save Return to Search Previous in List Next in List Refresh

Immunization Documents | Student Immunizations

Thank you!