

IMMUNIZATION REQUIREMENTS - INTERNATIONAL STUDENT

LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH mm/dd/yyyy	UNIVERSITY ID #	SEMESTER START (CHECK ONE):
		<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER 20_____

REQUIRED IMMUNIZATIONS

Measles: Iowa State University requires that all new (including transfer and graduate) students born on or after January 1, 1957, show proof of immunization or immunity to measles. Measles immunizations may be found on your immunization record listed as Measles, MMR, MR, or Rubeola (titer).

MEASLES	Vaccine must be given at least 28 days apart and after 12 months of age. Two (2) measles doses required OR positive measles titer). Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated. Complete one of the options below.		
Option 1			
Measles	Dose 1 TYPE <input type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> MEASLES	Dose 1 mm/dd/yyyy [][] [][] [][][][]	Dose 2 TYPE <input type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> MEASLES
		Dose 2 mm/dd/yyyy [][] [][] [][][][]	
Option 2			
Positive (+) Rubeola IgG	mm/dd/yyyy [][] [][] [][][][]	mm/dd/yyyy [][] [][] [][][][]	<input type="checkbox"/> Lab report attached
Option 3			

DOCUMENTATION OF WAIVER

Submit **proof of religious or medical exemption** by attaching the appropriate Iowa Department of Public Health Exemption to this signed document.

RECOMMENDED IMMUNIZATION

Meningitis: The State of Iowa requires that all colleges and universities provide information on the meningitis vaccination to incoming students. If you will be living in the residence halls, it is recommended by the CDC that you receive this vaccination. **This vaccination is not required, but it is recommended.**

Meningitis MCVY	mm/dd/yyyy [][] [][] [][][][]	mm/dd/yyyy [][] [][] [][][][]
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IMMUNIZATION REQUIREMENTS - INTERNATIONAL STUDENT (PAGE 2/2)

LAST NAME	FIRST NAME	MIDDLE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
DATE OF BIRTH mm/dd/yyyy <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		UNIVERSITY ID # <input style="width: 100%; height: 20px;" type="text"/>

TUBERCULOSIS SCREENING

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. For basic facts on tuberculosis, please visit the [Center for Disease Control and Prevention's tuberculosis page](#).

It is **recommended by the CDC** for any incoming student who has traveled internationally to areas of high risk for tuberculosis, be screened for this illness. All incoming students will be prompted to answer questions regarding TB exposure below.

Iowa State University Thielen Student Health Center follows the [World Health Organization](#) guidelines for TB testing. Iowa State does **NOT** require you to complete testing prior to your arrival. If TB testing is indicated, it will be performed during your health screening orientation session.

COUNTRY OF ORIGIN:			
HISTORY OF PREVIOUS TB TESTING			
IGRA <small>Interferon Gamma Release Assay</small>	Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	mm/dd/yyyy <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Lab report attached
Treatment, if positive:			
TB SKIN TEST	Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	mm/dd/yyyy <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Treatment, if positive:			
<p>Countries and dates traveled to in the last 5 years. Only include those where you stayed longer than 90 days, or stayed longer than 30 days and were a healthcare worker, refuge camp volunteer or prison worker. Country of Origin Risk Status Chart</p>			

LICENSED MEDICAL PROVIDER VERIFICATION

Students can attach original and signed documents for immunizations/testing listed above in lieu of signature below. Original documents must be translated and include your name and date of birth.

Provider Printed Name:
First
Last
Phone

Provider Signatures/Credentials _____
 Date

Once this form is completed, follow the Vaccination Requirement Instructions available at health.iastate.edu, under "New Students" and "Vaccination Requirement".