

### IMMUNIZATION REQUIREMENTS - INTERNATIONAL STUDENT

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE</b>
<b>DATE OF BIRTH mm/dd/yyyy</b>	<b>UNIVERSITY ID #</b>	<b>SEMESTER START (CHECK ONE):</b>
		<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).

<b>MEASLES</b>	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.		
<b>Option 1</b>			
<b>Measles</b>	Dose 1 mm/dd/yyyy	<input type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> MEASLES	Dose 2 mm/dd/yyyy
<b>Option 2</b>			
<b>Positive (+) Rubeola IgG</b>	mm/dd/yyyy	mm/dd/yyyy	<input type="checkbox"/> Lab report attached
<b>Option 3</b>			

#### 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.**

There are two different immunizations needed to protect against Meningitis. One protects against Meningitis serogroups A, C, W, and Y. The other vaccine protects against Meningitis serogroup B. We recommend our students receive both vaccines to protect against all vaccine preventable serogroups of meningitis.

<b>Meningitis MCVY</b>	mm/dd/yyyy	mm/dd/yyyy
<b>Meningitis B</b>	mm/dd/yyyy	mm/dd/yyyy
		<input type="checkbox"/> Bexsero    or <input type="checkbox"/> Trumemba

(continued on second page)

# IMMUNIZATION REQUIREMENTS - INTERNATIONAL STUDENT (PAGE 2/2)

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## 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 Thielien 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.

<b>COUNTRY OF ORIGIN:</b>			
<b>HISTORY OF PREVIOUS TB TESTING</b>			
<b>IGRA</b> <small>Interferon Gamma Release Assay</small>	<b>Result</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<b>mm/dd/yyyy</b>	
<b>Treatment, if positive:</b>			
<b>TB SKIN TEST</b>	<b>Result</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<b>mm/dd/yyyy</b>	
<b>Treatment, if positive:</b>			
<p><b>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.</b>  <a href="#">Country of Origin Risk Status Chart</a></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**
[ ] [ ]
[ ] [ ]
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Once this form is completed, follow the Vaccination Requirement Instructions available at [health.iastate.edu](http://health.iastate.edu), under "New Students" and "Vaccination Requirement".