

## IMMUNIZATION REQUIREMENTS - INTERNATIONAL STUDENT

LAST NAME										FIRST NAME										MIDDLE									
DATE OF BIRTH mm/dd/yyyy										UNIVERSITY ID #										SEMESTER START (CHECK ONE):									
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										<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.
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## Option 1

<b>Measles</b>	<b>Dose 1</b>	<input type="checkbox"/> MMR	<b>Dose 1 mm/dd/yyyy</b>	<b>Dose 2</b>	<input type="checkbox"/> MMR	<b>Dose 2 mm/dd/yyyy</b>
	<b>TYPE</b>	<input type="checkbox"/> MR		<b>TYPE</b>	<input type="checkbox"/> MR	
	<input type="checkbox"/> MEASLES		<input type="checkbox"/> MEASLES			

## Option 2

<b>Positive (+) Rubeola IgG</b>	mm/dd/yyyy	mm/dd/yyyy	<input type="checkbox"/> Lab report attached
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## 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.**

<b>Meningitis MCVY</b>	mm/dd/yyyy	mm/dd/yyyy
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## TUBERCULOSIS SCREENING

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.

<b>COUNTRY OF ORIGIN:</b>			
<b>HISTORY OF PREVIOUS TB TESTING</b>			
<b>IGRA</b> <small>Interferon Gamma Release Assay</small>	<b>Result</b>	<b>mm/dd/yyyy</b>	<input type="checkbox"/> Lab report attached
	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate		
<b>Treatment, if positive:</b>			

## 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.

<b>Provider Printed Name:</b>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>Phone</b>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
	First Last		
<b>Provider Signatures/Credentials</b>		<b>Date</b>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>