TB AND VACCINATION HISTORY FOR INTERNATIONAL STUDENTS

Please take this form and your immunization records to UHS when you arrive in Austin. Bring them to University Health Services, Allergy/Immunization Clinic, Student Services Building, 2nd floor. If you are outside of the U.S., please do not complete the TB screening portion. TB screening can be done at University Health Services.

International students cannot register for classes (even during new student orientation) until UHS has documentation that they have met the medical clearance requirements.

For questions regarding medical clearance requirements and medical bars, call our Immunization Compliance department at (512) 475-8301, or email imm@uhs.utexas.edu. In your email, please provide your UT EID. Please be as detailed as possible about your question or circumstance.

STUDENT INFORMATION: Completed by the Student

FIRST AND LAST NAME OF STUDENT ___________________________ DATE OF BIRTH ________________

UT EID _______________________________ EMAIL ADDRESS __________________________

HOME ADDRESS, CITY, STATE, COUNTRY ___________________________ TELEPHONE NUMBER __________________________

TB SCREENING: Completed by the Health Care Provider

International students must receive TB test (PPD/Mantoux or IGRA). A chest x-ray will NOT be accepted as a substitute for a test. However, a chest x-ray is required if either test is positive. The tuberculin requirement applies regardless of BCG vaccination. Screening can be done at UHS. Must be performed in the U.S. on or after September 1, 2011.

TB Skin Test Results must be read in millimeters:  □ Negative  □ Positive

MM INDURATION ___________________________ DATE OF TEST (MM/DD/YYYY) ________________

TB IGRA Blood Test Results (INCLUDE LAB REPORT):  □ Negative  □ Positive

DATE OF TEST (MM/DD/YYYY) ________________

If either test is positive, a chest x-ray must be performed in the U.S.A. on or after September 1, 2011.

Chest X-Ray Results:  □ Normal  □ Abnormal

DATE OF X-RAY (MM/DD/YYYY) ________________

History of INH treatment for tuberculosis infection:  □ Yes  □ No

START DATE (MM/DD/YYYY) ___________________________ DURATION OF TREATMENT ___________________________

Licensed Health Care Provider  [PLEASE PRINT CLEARLY OR STAMP]

SIGNATURE (REQUIRED) ___________________________

NAME ___________________________

ADDRESS ___________________________ DATE ________________

TELEPHONE NUMBER ___________________________ DATE ________________

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**TB AND VACCINATION HISTORY FOR INTERNATIONAL STUDENTS**

**FIRST AND LAST NAME OF STUDENT**

**DATE OF BIRTH**

**UT EID**

**EMAIL ADDRESS**

**HOME ADDRESS, CITY, STATE, COUNTRY**

**TELEPHONE NUMBER**

### REQUIRED VACCINATIONS: Dates (MM/DD/YY)

**MMR**: two doses of live MMR vaccine administered on or after the first birthday and at least 28 days apart. If disease history or titer, please indicate the date by the disease below. Disease history of Rubella is not sufficient to prove immunity.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
<th>DATE OF DISEASE</th>
<th>DATE OF POSITIVE TITER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR [Combined]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
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<tr>
<td>Mumps</td>
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<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
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</tr>
</tbody>
</table>

Required Vaccinations:

- **MMR (combined)**
- Not applicable
- **Measles**
- **Mumps**
- **Rubella**

The meningococcal vaccine is required for all incoming students who will be age 29 or younger on 1/17/2012. Students entering UT Austin in the spring of 2012 must submit documentation that they have received this vaccine on or after 1/17/2007. If you received the meningococcal vaccine before 1/17/2007, you must get another dose. **EXCEPTIONS**: You do not have to get a meningococcal vaccine if: 1) you will be age 30 or older on 1/17/2012, or 2) you will be enrolled ONLY for online courses.

**MENINGOCOCCAL VACCINE (MOST RECENT VACCINE)**

- Menomune
- Menactra
- Menveo
- MCV4
- Mencevax
- Other Meningococcal Vaccine

**DATE (MM/DD/YYYY)**

### RECOMMENDED VACCINATIONS: Dates (MM/DD/YY)

- Varicella (Chicken Pox) [Vaccine]
- Disease History (Date)
- Tetanus-Diphtheria-Pertussis (Tdap)
- Tetanus-Diphtheria (Td)
- Human Papillomavirus, HPV
- Hepatitis A
- Hepatitis B
- Combination Hepatitis A and B

### OTHER VACCINATIONS: Dates (MM/DD/YY)

- BCG
- Pneumococcal Polysaccharide Vaccine
- Polio
- Typhoid
- Yellow Fever

**Licensed Health Care Provider** (Please print clearly or stamp)

**SIGNATURE (REQUIRED)**

<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>ADDRESS</td>
</tr>
</tbody>
</table>

| TELEPHONE NUMBER | DATE |

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