Required Immunization Record
for International Students

Before Arrival to Pacific University, return all 3 pages of form to:
Office of International Programs
Pacific University
2043 College Way, UC A153
Forest Grove, OR 97116
USA
Fax: (1) 503-352-2970
Email: intlprograms@pacificu.edu

Please Note: If this form is not complete when you arrive at Pacific University, you will be required to be evaluated at the University Health Center. You will NOT be permitted to register for or attend class until immunization requirements are complete.

Student Information

<table>
<thead>
<tr>
<th>Last Name(s)</th>
<th>First Name(s)</th>
<th>Middle Name(s)</th>
<th>Date of Birth (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Origin</td>
<td>Signature</td>
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</table>

MMR Immunization  (Complete Section A OR Section B)

Oregon law requires students born after 1956 to have 2 doses of the measles vaccine (currently given as a Measles, Mumps, Rubella injection). To satisfy this requirement, you must either meet the conditions in section A or meet one of the exemption options in section B.

Section A

Please provide documentation of the dates from a medical provider.

☐ I have had two doses of measles-containing vaccine on or after my first birthday which were at least 30 days apart.

1\textsuperscript{st} dose date ________________ Month/Day/Year

☐ The date above is after my first birthday.

2\textsuperscript{nd} dose date ________________ Month/Day/Year

Signature of Medical Provider Date

Section B (Exemptions to measles requirement)

☐ My birth date is before January 1, 1957.

☐ My measles (rubeola) titer report is attached and indicates that I am immune to measles.

☐ A signed statement from your medical provider (physician/nurse practitioner/physician assistant) is attached verifying I have had a medical reason for not receiving the immunization (i.e. anaphylactic reactions to eggs, or immunocompromised state, etc.).

☐ My religious beliefs prohibit my use of the immunization. I understand that I may be exposed to the measles, mumps or rubella virus, and despite this risk, I decline the MMR vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring measles, mumps or rubella. In the event of an outbreak, I understand I may be excluded from the university under the direction of the local health officer or the Student Health Center Director. I also agree to defend, indemnify, and release the university from any and all claims resulting from my failure to receive the MMR vaccine.

Student Signature for Measles Exemption:

__________________________
Signature

__________________________
Date
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(Page 2 of 3)

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Tuberculosis (TB) Screening Questionnaire

1) Have you ever had a positive TB skin test? ☐ Yes ☐ No
2) Have you ever had close contact with anyone who was sick with TB? ☐ Yes ☐ No
3) Were you born or have you lived in one of the countries listed on page 3 of this form. If yes, please write the country name here: ☐ Yes ☐ No

Important Instructions
If you answered YES to any of the questions above, complete the TB (Tuberculosis) Text Box below.
If you answered NO to ALL the questions, no further testing or action is required.

TB (Tuberculosis) Test to be completed by a Medical Provider

<table>
<thead>
<tr>
<th>TB skin test</th>
<th>Date (Month/Day/Year) of TB Skin Test:</th>
<th>Result: (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Negative ☐ Positive mm induration</td>
</tr>
</tbody>
</table>

Signature of Medical Provider:

If skin test is positive chest X-Ray is required:

<table>
<thead>
<tr>
<th>Date (Month/Day/Year) of X-Ray:</th>
<th>Result:</th>
</tr>
</thead>
</table>

Signature of Medical Provider:

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### Tuberculosis (TB) Screening Questionnaire Country List

**Directions:** If you were born or have lived in one of the countries listed below, please:

1. Circle the country where you were born or have lived.
2. Return to page 2, and answer the questions on Tuberculosis TB Screening Questionnaire.

<table>
<thead>
<tr>
<th>Country</th>
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<tr>
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<td>Kazakhstan</td>
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<td>New Caledonia</td>
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<td>Korea-Rep.</td>
<td>Nigeria</td>
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<td>Nue</td>
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<td>Ecuador</td>
<td>Kyrgyzstan</td>
<td>N. Mariana Islands</td>
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<td>Lao PDR</td>
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<td>Sao Tome &amp; Principe</td>
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<td>Comoros</td>
<td>Japan</td>
<td>Nauru</td>
<td>South Africa</td>
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*Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of ≥20 cases per 100,000 population.*

Revised 3/14/11