

# Required Immunization Record for International Students

Undergraduate Program & English Language Institute  
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## 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

Last Name(s)	First Name(s)	Middle Name(s)	Date of Birth (Example Date: Jan 1 1990)
Country of Origin	Signature		Date (Example Date: Jan 1 1990)

## MMR (Measles, Mumps, Rubella) Required Immunization (Complete Section A or Section B)

Immunization records may generally be obtained from your family physician or provider, last high school or college attended, military records or your parents.

### Section A (Vaccinated) 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 28 days apart.

1<sup>st</sup> dose date \_\_\_\_\_ This date is after my first birthday

*Example Date: Jan 1 1990*

2<sup>nd</sup> dose date \_\_\_\_\_

*Example Date: Jan 1 1990*

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

*Example Date: Jan 1 1990*

### Section B (Exemptions to measles requirement)

- My birth date is before January 1, 1957.
- My measles (**rubeola**) titer (blood test) report is attached and indicates that I am immune to measles.
- A signed physician/nurse practitioner/physician assistant statement 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 non-medical exemption certificate is attached. A non-medical exemption certificate can be obtained by reviewing the vaccine education module at [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption), printing and submitting certificate of completion; or by downloading a Vaccine Education Certificate from the same site to be signed in consultation with a health care practitioner.

By signing below, I understand that if I have not received the measles vaccine I am at risk of acquiring the measles virus. In the event of a measles 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 measles vaccine.

### Student Signature for Measles Exemption:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<b>Before arrival to Pacific University, return all 3 pages of form before to address on Page 1:</b>			
<b>IMPORTANT:</b> If this form is not complete when you arrive at Pacific University, you may be required to take medical tests, have injections, or have an X-ray. <b>You will NOT be permitted to start classes until all required medical tests are complete.</b> Missing class because of late medical tests is serious – it can affect your grades and immigration!			
<b>Student Information</b>			
Last Name(s)	First Name(s)	Middle Name(s)	Date of Birth ( <i>Example Date: Jan 1 1990</i> )
Home Country	Signature	Date (Month/Day/Year)	
What date do you plan to arrive at Pacific University?			

<b>Tuberculosis (TB) Screening Questionnaire</b>	
1) Have you ever had a positive TB skin test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever had close contact with anyone who was sick with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Were you born or have you lived in one of the countries listed on page 3 of this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write country name: _____

<b>IMPORTANT INSTRUCTIONS</b>		
If you answered <b>NO</b> to ALL 3 questions above, you are finished. No more tests are required. If you answered <b>YES</b> to any question above, take a tuberculosis test. You have 3 test choices in the boxes below. Your doctor can help choose which test is best for you.		
<b>TB (Tuberculosis) Information to be completed by a Medical Provider (choose one of the following options):</b>		
<b>Choice 1</b> <input type="checkbox"/> <b>Tuberculosis Skin Test</b> Test must <u>not</u> be older than 6 months when you arrive.  <u>Date (month/day/year) of TB skin test:</u>  _____ <i>Example Date: Jan 1 1990</i>  Result (check one): <input type="checkbox"/> Negative: mm induration _____ <input type="checkbox"/> Positive: mm induration _____ If skin test is positive, Chest X-Ray, Quantiferon Gold (QFT), or Tspot is required. If QFT or Tspot is positive, a Chest X-ray is also required. Attach copy of Chest X-ray report in English	<b>Choice 2</b> <input type="checkbox"/> <b>Quantiferon Gold Test (QFT)</b> Test must <u>not</u> be older than 6 months when you arrive.  <u>Date (month/day/year) of QFT Test:</u>  _____ <i>Example Date: Jan 1 1990</i>  Result (check one): <input type="checkbox"/> Negative <input type="checkbox"/> Positive: If QFT test is positive, Chest X-Ray is required. Attach copy of Chest X-ray report in English.	<b>Choice 3</b> <input type="checkbox"/> <b>Tspot Test</b> Test must <u>not</u> be older than 6 months when you arrive.  <u>Date (month/day/year) of Tspot test:</u>  _____ <i>Example Date: Jan 1 1990</i>  Result (check one): <input type="checkbox"/> Negative <input type="checkbox"/> Positive: If Tspot test is positive, Chest X-Ray is required. Attach copy of Chest X-Ray report in English.
Signature of Medical Provider for above testing is required:		
Signature: _____		Date: _____

## 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.

Afghanistan	Comoros	Japan	Myanmar	South Africa
Algeria	Congo	Kazakhstan	Namibia	Sri Lanka
Angola	Congo DR	Kenya	Nepal	Sudan
Argentina	Cote d'Ivoire	Kiribati	Nicaragua	Suriname
Armenia	Croatia	Korea-DPR	Niger	Syrian Arab Republic
Azerbaijan	Djibouti	Korea-Rep.	Nigeria	Tajikistan
Bahrain	Dominican Republic	Kuwait	Pakistan	Tanzania-UR
Bangladesh	Ecuador	Kyrgyzstan	Palau	Thailand
Belarus	El Salvador	Lao PDR	Panama	Timor-Leste
Belize	Equatorial Guinea	Latvia	Papua New Guinea	Togo
Benin	Eritrea	Lesotho	Paraguay	Tunisia
Bhutan	Estonia	Liberia	Peru	Turkey
Bolivia	Ethiopia	Libyan Arab Jamahiriya	Philippines	Turkmenistan
Bosnia &	Fiji	Lithuania	Poland	Tuvalu
Herzegovina	Gabon	Macedonia-TFYR	Portugal	Uganda
Botswana	Gambia	Madagascar	Qatar	Ukraine
Brazil	Georgia	Malawi	Romania	Uruguay
Brunei Darussalam	Ghana	Malaysia	Russian Federation	Uzbekistan
Bulgaria	Guam	Maldives	Rwanda	Vanuatu
Burkina Faso	Guatemala	Mali	St. Vincent & the	Venezuela
Burundi	Guinea	Marshall Islands	Grenadines	Vietnam
Cambodia	Guinea-Bissau	Mauritania	Sao Tome & Principe	Yemen
Cameroon	Guyana	Mauritius	Senegal	Zambia
Cape Verde	Haiti	Micronesia	Seychelles	Zimbabwe
Central African Rep.	Honduras	Moldova-Republic	Sierra Leone	
Chad	India	Mongolia	Singapore	
China	Indonesia	Morocco	Solomon Islands	
Columbia	Iraq	Mozambique	Somalia	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of  $\geq 20$  cases per 100,000 population.