

Required Immunization Record for International Students (2018-19)

(Undergraduate Program & English Language Institute)
Page 1 of 4



Before Arrival to Pacific University, return all 4 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: keisenhooth@pacificu.edu <u>Deadline for submission: August 13, 2018</u>
<p><u>IMPORTANT:</u> 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. Missing class because of late medical tests is serious – it can affect your grades and immigration!</p> <p>*Please review this information pacificu.edu/VaccineInfo required by Oregon Law (SB 274) for all incoming students.</p>	

Student Information		
Last Name(s)	First Name(s)	Middle Name(s)
Home Country	Country of Birth	Date of Birth (mm/dd/yyyy)
Arrival Plan		
What date do you plan to arrive at Pacific University?		
Student Signature		
Signature	Date (mm/dd/yyyy)	

Required Immunization Record for International Students (2018-19)

(Undergraduate Program & English Language Institute)

Page 2 of 4



Student Information		
Last Name(s)	First Name(s)	Middle Name(s)
Home Country	Country of Birth	Date of Birth (mm/dd/yyyy)
MMR (Measles, Mumps, Rubella) Required Immunization (Complete Section A <u>or</u> 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.		
<p>Section A (Vaccinated) <u>Please provide documentation of the dates from a medical provider.</u></p> <p><input type="checkbox"/> I have had two doses of measles-containing vaccine on or after my first birthday which were at least 28 days apart.</p> <p>1st dose date _____ This date is after my first birthday <small>(mm/dd/yyyy)</small></p> <p>2nd dose date _____ <small>(mm/dd/yyyy)</small></p>		
Signature of Medical Provider		
Signature		Date (mm/dd/yyyy)
<p>Section B (Exemptions to measles requirement)</p> <p><input type="checkbox"/> My birth date is before January 1, 1957.</p> <p><input type="checkbox"/> My measles (rubeola) titer (blood test) report is attached and indicates that I am immune to measles.</p> <p><input type="checkbox"/> 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.).</p> <p><input type="checkbox"/> 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, 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.</p> <p>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.</p>		
Student Signature for Measles Exemption		
Signature		Date (mm/dd/yyyy)

Required Immunization Record for International Students

Undergraduate Program & English Language Institute
(Page 3 of 4)



Student Information		
Last Name(s)	First Name(s)	Middle Name(s)
Home Country	Country of Birth	Date of Birth (mm/dd/yyyy)
Tuberculosis (TB) Screening Questionnaire		
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:
IMPORTANT INSTRUCTIONS		
<p>If you answered NO to ALL 3 questions above, you are finished. No more tests are required. If you answered YES 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.</p>		
TB (Tuberculosis) Information to be completed by a Medical Provider (choose one of the following options):		
<p>Choice 1 <input type="checkbox"/> Tuberculosis Skin Test Test must <u>not</u> be older than 6 months when you arrive.</p> <p><u>Date (month/day/year) of TB skin test:</u></p> <p><i>Example Date: Jan 1 1990</i></p> <p>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</p>	<p>Choice 2 <input type="checkbox"/> Quantiferon Gold Test (QFT) Test must <u>not</u> be older than 6 months when you arrive.</p> <p><u>Date (month/day/year) of QFT Test:</u></p> <p><i>Example Date: Jan 1 1990</i></p> <p>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.</p>	<p>Choice 3 <input type="checkbox"/> Tspot Test Test must <u>not</u> be older than 6 months when you arrive.</p> <p><u>Date (month/day/year) of Tspot test:</u></p> <p><i>Example Date: Jan 1 1990</i></p> <p>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.</p>
Signature of Medical Provider		
Signature		Date (mm/dd/yyyy)

Required Immunization Record for International Students

Undergraduate Program & English Language Institute
(Page 4 of 4)



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 & Herzegovina	Fiji	Lithuania	Poland	Tuvalu
Botswana	Gabon	Macedonia-TFYR	Portugal	Uganda
Brazil	Gambia	Madagascar	Qatar	Ukraine
Bruni Darussalam	Georgia	Malawi	Romania	Uruguay
Bulgaria	Ghana	Malaysia	Russian Federation	Uzbekistan
Burkina Faso	Guam	Maldives	Rwanda	Vanuatu
Burundi	Guatemala	Mali	St. Vincent & the Grenadines	Venezuela
Cambodia	Guinea	Marshall Islands	Sao Tome & Principe	Vietnam
Cameroon	Guinea-Bissau	Mauritania	Senegal	Yemen
Cape Verde	Guyana	Mauritius	Seychelles	Zambia
Central African Rep.	Haiti	Micronesia	Sierra Leone	Zimbabwe
Chad	Honduras	Moldova-Republic	Singapore	
China	India	Mongolia	Solomon Islands	
Columbia	Indonesia	Morocco	Somalia	
	Iraq	Mozambique		

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