

TB and Immunization History for International Students

Please submit ahead of time or bring this completed form and your immunization records to the Center for Health and Counseling Services when you arrive on campus. The Center is located in the lower level of Mother Teresa Hall. It is very important that you and your health care provider carefully review and complete these forms.

International students must meet medical clearance requirements in order to avoid registration delays and late fees.

For questions regarding medical clearance requirements, call 815-836-5455, or email healthservices@lewisu.edu. In your email, please provide your full name, date of birth and student ID number. 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 _____

STUDENT ID _____

EMAIL ADDRESS _____

HOME ADDRESS, CITY, STATE, COUNTRY _____

TELEPHONE NUMBER _____

TUBERCULOSIS (TB) SCREENING: Completed by the Health Care Provider

International students must receive a TB test (PPD/Mantoux or IGRA) administered and reported as described below.

A chest x-ray will NOT be accepted as a substitute for a TB test. However, a chest x-ray is required and must be performed in the U.S. if the TB test is positive. The TB Screening requirement applies regardless of BCG vaccination. Screening can be done at Lewis University Health Services.

The TB test must be performed no sooner than 6 months prior to arriving on campus or must be repeated.

- Two-step TB skin test (TST) (administered 7-28 days apart). If there is documentation of a negative TST within the prior 12 months, only one TST needs to be done and this is considered the 2nd of the two-step test.
IMPORTANT: Can ONLY be administered in the U.S.

1st step Date given (mm/dd/yyyy) _____ Date read (mm/dd/yyyy) _____ mm induration _____ Negative Positive

2nd step Date given (mm/dd/yyyy) _____ Date read (mm/dd/yyyy) _____ mm induration _____ Negative Positive

OR

- TB IGRA Blood Test Results (**MUST BE IN ENGLISH AND INCLUDE LAB REPORT**) Date of test _____ Negative Positive
IMPORTANT: May be performed outside of the U.S.;

however difficulty with English translation, interpretation of results or legibility of documents may result in having to repeat the test.

- If either test is positive, a chest x-ray must be performed **in the U.S.** on or after the dates listed above.

Chest X-Ray Results: Normal Abnormal DATE OF X-RAY (MM/DD/YYYY) _____

- History of 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

TELEPHONE NUMBER

DATE

The Center for Health and Counseling Services
TB and Immunization History for International Students



FIRST AND LAST NAME OF STUDENT _____ DATE OF BIRTH _____

STUDENT ID _____ EMAIL ADDRESS _____ TELEPHONE NUMBER _____

ADDRESS, CITY, STATE, COUNTRY _____

REQUIRED VACCINATIONS: Dates (MM/DD/YYYY)

- ✓ **Measles-Mumps-Rubella**
 Two doses of MMR vaccine administered on or after the first birthday and at least 28 days apart **OR** two doses of live Measles vaccine, two doses of live Mumps vaccine and two doses of live Rubella vaccine administered on or after the first birthday and at least 28 days apart **OR** positive antibody titers indicating immunity to all three diseases (must include lab report with reference ranges).
- ✓ **Diphtheria -Tetanus-Pertussis**
 Any combination of 3 or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine. *One dose must be Tdap vaccine. The last dose of vaccine (DTP, DTaP, DT, Td, or Tdap) must have been received within 10 years prior to the term of current enrollment.
- ✓ **Meningococcal Conjugate Vaccine**
 All new admitted students under age 22 must submit documentation of having received a meningococcal conjugate vaccine on or after 16 years of age. If a meningococcal vaccine was received before the age of 16, a booster dose is required. Students who will be age 22 or older on the first day of class of the first semester enrolled are exempt from this requirement.

VACCINE	DOSE 1	DOSE 2
MMR (Combined Measles, Mumps, Rubella)		
Measles		
Mumps		
Rubella		
Tdap – Record at least one dose		
Td/DTP/DTaP – Record at least 2 additional doses		
Meningococcal Conjugate Vaccine (MCV4) – One dose must be administered on or after 16 years of age		

Mail, e-mail, fax or hand deliver completed forms to: Lewis University Center for Health and Counseling Services
 One University Parkway (Unit #273)
 Romeoville, Illinois 60446
 Phone: (815) 836-5455 Fax: (815) 836-5047 healthservices@lewisu.edu

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

Name _____ Date _____

Signature _____

Address _____

Telephone Number _____

