

# Lewis University

## International Student Immunization Requirements

In accordance with the State of Illinois College Immunization Code, Lewis University is required to collect proof of the following immunizations:

### 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.

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. \*One dose must be Tdap vaccine.

### Meningococcal Conjugate Vaccine (MCV4)

All new admitted students under age 22: at least one dose on or after 16 years of age. If 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.

**All students, including undergraduate, graduate, readmitted and transfer students must comply with the immunization requirements. Records must be in English or must be transcribed onto our Immunization History form and verified/certified by a licensed healthcare provider.**

## Tuberculosis Testing

Tuberculosis (TB) is a communicable disease with potentially serious, long-lasting consequences if not treated. Because TB rates are on the rise in many parts of the world, The Center for Health and Counseling Services follows CDC guidelines and requires that all international students be screened and/or tested for TB. International students must complete a Tuberculosis (TB) Screening questionnaire which will indicate if further action and testing is required.

## Immunization Compliance

You are encouraged to meet with a nurse in The Center for Health and Counseling Services to have your immunization history records and TB screening questionnaire reviewed. You will be informed of options for becoming compliant with requirements if you are unable to locate vaccination records.

Lewis University Center for Health and Counseling Services

Phone: (815) 836-5455 Fax: (815) 836-5047 [healthservices@lewisu.edu](mailto:healthservices@lewisu.edu)

# The Center for Health and Counseling Services

## TB Screening Form for International Students



(To be completed by student)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Date of initial Screening/Testing Form completion** \_\_\_\_\_

**In the past 12 months:**

- Have you had close contact with anyone known or suspected to have active TB disease? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been a volunteer or health-care worker serving clients who are at increased risk for active TB disease? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you lived, worked or volunteered in any high-risk settings? (Correctional facility or prison, long-term care facility or nursing home, homeless shelter)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been a member of any of the following groups that may have an increased incidence of latent TB infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have any of the following symptoms? Cough, Fever, Night sweats, Weakness, Loss of appetite, Weight loss? (If yes, please explain) Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you had frequent or prolonged visits\* to one or more of the countries listed below? (If yes, **CHECK**✓ the countries, below) Yes \_\_\_\_\_ No \_\_\_\_\_

- |                                  |                                       |                                  |                          |                                    |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------|------------------------------------|
| Afghanistan                      | Comoros                               | Iraq                             | Namibia                  | Somalia                            |
| Algeria                          | Congo                                 | Kazakhstan                       | Nauru                    | South Africa                       |
| Angola                           | Côte d'Ivoire                         | Kenya                            | Nepal                    | South Sudan                        |
| Anguilla                         | Democratic People's Republic of Korea | Kiribati                         | New Caledonia            | Sri Lanka                          |
| Argentina                        | Democratic Republic of the Congo      | Kuwait                           | Nicaragua                | Sudan                              |
| Armenia                          | Djibouti                              | Kyrgyzstan                       | Niger                    | Suriname                           |
| Azerbaijan                       | Dominican Republic                    | Lao People's Democratic Republic | Nigeria                  | Swaziland                          |
| Bangladesh                       | Ecuador                               | Latvia                           | Northern Mariana Islands | Syrian Arab Republic               |
| Belarus                          | El Salvador                           | Lesotho                          | Pakistan                 | Tajikistan                         |
| Belize                           | Equatorial Guinea                     | Liberia                          | Palau                    | Tanzania (United Republic of)      |
| Benin                            | Eritrea                               | Libya                            | Panama                   | Thailand                           |
| Bhutan                           | Ethiopia                              | Lithuania                        | Papua New Guinea         | Timor-Leste                        |
| Bolivia (Plurinational State of) | Fiji                                  | Madagascar                       | Paraguay                 | Togo                               |
| Bosnia and Herzegovina           | Gabon                                 | Malawi                           | Peru                     | Tunisia                            |
| Botswana                         | Gambia                                | Malaysia                         | Philippines              | Turkmenistan                       |
| Brazil                           | Georgia                               | Maldives                         | Portugal                 | Tuvalu                             |
| Brunei Darussalam                | Ghana                                 | Mali                             | Qatar                    | Uganda                             |
| Bulgaria                         | Greenland                             | Marshall Islands                 | Republic of Korea        | Ukraine                            |
| Burkina Faso                     | Guam                                  | Mauritania                       | Republic of Moldova      | Uruguay                            |
| Burundi                          | Guatemala                             | Mauritius                        | Romania                  | Uzbekistan                         |
| Cabo Verde                       | Guinea                                | Mexico                           | Russian Federation       | Vanuatu                            |
| Cambodia                         | Guinea-Bissau                         | Micronesia (Federated States of) | Rwanda                   | Venezuela (Bolivarian Republic of) |
| Cameroon                         | Guyana                                | Mongolia                         | Sao Tome and Principe    |                                    |
| Central African Republic         | Haiti                                 | Montenegro                       | Senegal                  |                                    |
| Chad                             | Honduras                              | Morocco                          | Serbia                   | Viet Nam                           |
| China                            | India                                 | Mozambique                       | Sierra Leone             | Yemen                              |
| China, Hong Kong SAR             | Indonesia                             | Myanmar                          | Singapore                | Zambia                             |
| China, Macao SAR                 |                                       |                                  | Solomon Islands          | Zimbabwe                           |
| Colombia                         |                                       |                                  |                          |                                    |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

\*The significance of the travel exposure should be discussed with a health care provider and evaluated.

**If the answer is YES to any of the above questions,** Lewis University requires that you receive TB testing as soon as possible. The TB test must be performed no sooner than 6 months prior to arriving on campus or must be repeated. Note: The TB testing requirement applies regardless BCG vaccination. TB IGRA testing is preferred. Skin testing must be performed in the U.S.A. Testing can be done at Lewis University Health Services.

**If the answer to all of the above questions is NO,** no further testing or further action is required.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Center for Health and Counseling Services  
**TB Testing Form for International Students**



International students answering YES to any of the questions on the TB Screening Form must receive TB testing. Please submit completed forms ahead of time or, if applicable, bring this completed form along with 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 healthcare provider carefully review and complete these forms.

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) Testing: Completed by the Healthcare Provider**

International students answering YES to any of the questions on the TB Screening Form 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 testing requirement applies regardless of BCG vaccination. Testing 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) means 2 separate tests 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: TST can only be administered in the U.S.**

1<sup>st</sup> step Date given (mm/dd/yyyy) \_\_\_\_\_ Date read (mm/dd/yyyy) \_\_\_\_\_ mm induration \_\_\_\_\_  Negative  Positive

2<sup>nd</sup> step Date given (mm/dd/yyyy) \_\_\_\_\_ Date read (mm/dd/yyyy) \_\_\_\_\_ mm induration \_\_\_\_\_  Negative  Positive

**OR**

- TB IGRA Blood Test Results (T-Spot or Quantiferon-TB Gold) **MUST BE IN ENGLISH AND INCLUDE LAB REPORT**  
**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. Date of test \_\_\_\_\_  Negative  Positive  
(MM/DD/YYYY)

- 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 Healthcare Provider:** (PLEASE PRINT CLEARLY OR STAMP)

\_\_\_\_\_  
 SIGNATURE (REQUIRED)

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 TELEPHONE NUMBER

\_\_\_\_\_  
 DATE



**ATTENTION STUDENT:** Health Services accepts immunization history documentation in the form of official high school records, college records, military records, personal records and/or medical office records. As an alternate option, immunization dates can be transcribed onto this form by your healthcare provider.

FIRST AND LAST NAME OF STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STUDENT ID \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS, CITY, STATE, COUNTRY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS** Deadline Fall Semester: September 1 Spring Semester: February 1

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**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)
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 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. \*One dose must be Tdap vaccine.
- ✓ **Meningococcal Conjugate Vaccine (MCV4)**  
 All new admitted students under age 22: at least one dose on or after 16 years of age. If 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.

To be completed by licensed healthcare provider. All dates should be listed as MM/DD/YYYY

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

Mail, e-mail, fax or hand deliver 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](mailto:healthservices@lewisu.edu)

Licensed Healthcare Provider (PLEASE PRINT CLEARLY OR STAMP)

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_