THE UNIVERSITY OF TEXAS AT AUSTIN
DIVISION OF STUDENT AFFAIRS
UNIVERSITY HEALTH SERVICES
healthyhorns.utexas.edu

TB AND VACCINATION HISTORY FOR INTERNATIONAL STUDENTS

Please take this form and your immunization records to UHS when you arrive in Austin. Bring them to University Health Services, Allergy/ Immunization Clinic, Student Services Building, 2nd floor. If you are outside of the U.S., please do not complete the TB screening portion. TB screening can be done at University Health Services.

International students cannot register for classes (even during new student orientation) until UHS has documentation that they have met the medical clearance requirements.

For questions regarding medical clearance requirements and medical bars, call our Immunization Compliance department at (512) 475-8301, or email imm@uhs.utexas.edu. In your email, please provide your UT EID. 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 _____

UT EID _____ EMAIL ADDRESS _____

HOME ADDRESS, CITY, STATE, COUNTRY _____ TELEPHONE NUMBER _____

TB SCREENING: Completed by the Health Care Provider

International students must receive TB test (PPD/Mantoux or IGRA) . A chest x-ray will NOT be accepted as a substitute for a test. However, a chest x-ray is required if either test is positive. The tuberculin requirement applies regardless of BCG vaccination. Screening can be done at UHS.

Must be performed in the U.S. on or after September 1, 2011.

TB Skin Test Results must be read in millimeters: ❑ Negative ❑ Positive _____ MM INDURATION _____ DATE OF TEST (MM/DD/YYYY)

TB IGRA Blood Test Results (INCLUDE LAB REPORT): ❑ Negative ❑ Positive _____ DATE OF TEST (MM/DD/YYYY)

If either test is positive, a chest x-ray must be performed in the U.S.A. on or after September 1, 2011.

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

History of INH 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 _____

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FIRST AND LAST NAME OF STUDENT _____ DATE OF BIRTH _____

UT EID _____ EMAIL ADDRESS _____

HOME ADDRESS, CITY, STATE, COUNTRY _____ TELEPHONE NUMBER _____

REQUIRED VACCINATIONS: Dates (MM/DD/YY)

MMR: two doses of live MMR vaccine administered on or after the first birthday and at least 28 days apart. If disease history or titer, please indicate the date by the disease below. Disease history of Rubella is not sufficient to prove immunity.

VACCINE	DOSE 1	DOSE 2	DATE OF DISEASE	DATE OF POSITIVE TITER
MMR (Combined)			Not Applicable	Not Applicable
Measles				
Mumps				
Rubella			Not Applicable	

Students enrolling in summer 2012 must submit proof that they have received a meningococcal vaccine on or after 5/31/07. Students entering in fall 2012 must submit proof that they have received this vaccine on or after 8/29/07. If you have received this vaccine before the applicable date above, you must get another dose. *EXCEPTIONS: You DO NOT have to comply with this requirement if you will be age 30 or older on 5/31/12 (if enrolling summer 2012) or 8/29/12 (if enrolling fall 2012).* For other exemptions, click "Meningococcal Vaccine" at healthyhorns.utexas.edu.

MENINGOCOCCAL VACCINE (MOST RECENT VACCINE)	DATE (MM/DD/YYYY)
❑ Menomune ❑ Menactra ❑ Menveo ❑ MCV4 ❑ Mencevax ❑ Other Meningococcal Vaccine	

RECOMMENDED VACCINATIONS: Dates (MM/DD/YY)

VACCINE	DOSE 1	DOSE 2	DOSE 3
Varicella (Chicken Pox) ❑ Vaccine ❑ Disease History (Date _____)			
Tetanus-Diphtheria-Pertussis (Tdap)			
Tetanus-Diphtheria (Td)			
Human Papillomavirus, HPV			
Hepatitis A			
Hepatitis B			
Combination Hepatitis A and B			

OTHER VACCINATIONS: Dates (MM/DD/YY)

VACCINE			
BCG			
Pneumococcal Polysaccharide Vaccine			
Polio			
Typhoid			
Yellow Fever			

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED) _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ DATE _____