

<u>Tuberculosis Screening & Immunization Form for International Students</u>

ALL NEW INTERNATIONAL AND ESL STUDENTS **MUST**:

- 1. PROVIDE PROOF OF ADEQUATE IMMUNIZATION AGAINST CERTAIN DISEASES
- 2. MUST HAVE RECEIVED THE MENINGITIS VACCINE WITHIN LAST 5 YEARS
- 3. PROVIDE PROOF OF A NEGATIVE TUBERCULOSIS SCREENING SKIN TEST WITHIN LAST 6 MONTHS OR TUBERCULOSIS BLOOD TEST

ALL IMMUNIZATION RECORDS SHOULD BE SUBMITTED IN ENGLISH.

The Tuberculosis screening must be an FDA approved test.

Please Email records to: immunizations@southalabama.edu

	: The University of South Alaba				
0	cine (rubeola, M.R., MMR) pri	o r to registration . One d	ose must have been after 1	980 and at least one of the d	loses must
have been an MMR.					
	uma (USA) requires that all enrollin	ig International and ESL sti	udents MUST provide accept	able proof of tuberculosis scre	ening. The
screening result date must be		D. 1. '	D '/' .	NT	
		Result in mm	Positive	Negative	
TB Skin Test (TST/PPI	O):/				
Quantiferon Gold/			Normal	Abnormal	
			Norman	Abiloffilai	
If TST Positive, Chest 2	X Ray:/				
Required	Vaccine/Type	Date Administered	Vaccine/Type	Date Administered	
Measles (Rubeola)					
German Measles (Rub	ella)			•	•
Mumps					
MMR					
Meningitis					
In lieu of above:					
Positive titer date (Rubeola)// Positive titer date (Rubella)//					
Positive titer date (Mumps)//					
(OPTIONAL)					
*Tetanus/ or Tdap/					
*Varicella / /					
*Henatitis B (3 shots) / / / / /					
*Hepatitis B (3 shots)//					
	-				
Physician or Authorized		Da	nte License #	se # or Office Stamp	
			License ii	or office stamp	
Signature					
Please have your health care provider complete and sign or attach documents verifying that you have completed required screening and immunizations.					
Failure to provide the immuniz	cation record prior to the beginning of	of class may impact the enrol	lment status.		
				DOB:	
Name:		Student #:	Student #:		