

Name of Student: _____
Family/Last Name
First Name

T-Number _____ Date of Birth: _____ Student Email: _____

Current U.S. Address: _____
Street address
City
State
Zip

Phone: _____

Required Immunizations

Two doses of live MMR vaccine is required by the U.S. government for all international students. MMR is typically 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. Use the MM/DD/YYYY format for dates.

Vaccine	Dose 1	Dose 2	Date of Disease	Date of Positive Titer
MMR				
Measles				
Mumps				
Rubella				

Official documentation supporting the information contained above is required to be submitted with this form.

BCG or Negative TB Test Required

You will need proof of a BCG vaccine or a negative Tuberculosis test to be exempt from getting a TB test in the US. If you have proof of a BCG vaccine please submit the supporting information with this document. If you are using a negative TB test from your country please submit the supporting information with this document. Use the MM/DD/YYYY format for dates.

Vaccine	Dose Date	Date of Negative TB Test	Other

Official documentation supporting the information contained above is required to be submitted with this form.

***All documents must include a signature or stamp from your physician or clinic.**

I certify that the above information is correct.

Physician Signature
Physician Print Name
Date

Locations for Receiving MMR Immunization

South West Public Health
260 DL Sargent
Cedar City, UT 84721
435.586.2437

No appointment needed. The cost of each individual MMR vaccine is \$106.00 (you will need two doses).

Student Signature
Student Print Name
Date