Immunization Requirements for International Students

**Tdap:** Vaccination must have been received within the last 10 years. Tdap preferred over TD due to recent pertussis outbreak.

**MMR:** Two vaccinations are required. The first MMR vaccination must have been received on or after the first birthday. If one or both vaccinations have been received before the first birthday, then the student must receive another MMR vaccination. There must be at least four weeks between MMR dose #1 and MMR dose #2.

**Meningitis Vaccination (Groups A, C, Y, W-135):** Vaccination for meningitis is mandatory if the student is under the age of 23 years and is attending UNR. Vaccination with at least one dose of a quadrivalent meningococcal conjugate vaccine (MCV4) on or after age 16 years will satisfy this requirement. Meningococcal Group B or C vaccine will not be accepted.

**QuantiFERON or PPD skin test (Tests for Tuberculosis):** A test for tuberculosis is mandatory for most international students (see exceptions listed below).* Either a PPD skin test or a QuantiFERON blood test are acceptable. Students who have had either of these tests done in their country within the past six months will meet this requirement if documentation is brought with them. A chest X-ray cannot be done in place of a PPD skin test or a QuantiFERON blood test. However, any student who has had a positive test result for Tuberculosis (PPD or QuantiFERON) must provide documentation of a chest x-ray completed within the past 6 months (please do not send film. We will only accept a documentation of the x-ray report). **It is highly recommended that the chest x-ray be done for positive TB result before traveling to the United States to make sure there is no active tuberculosis infection.** If the tuberculosis test (PPD or QuantiFERON) result is positive, and there is no documentation of a chest x-ray done within the last six months, the student will be required to have a chest x-ray done at the Student Health Center at UNR. **Students who arrive to campus without proper documentation of a tuberculosis test (PPD or QuantiFERON) will be required to get a quantiFERON blood test.** PPD test or Quantiferon test must be done before or on the same day as a live vaccine; otherwise, the test must be done at least four weeks after the live vaccine is given. (Live vaccines: MMR, Varicella, Yellow Fever)

These requirements must be met by all international students regardless of the length of their stay and must be completed prior to arrival at the University of Nevada, Reno.

Documentation must be provided for all immunizations, tuberculosis test, and/or chest x-ray. Documentation must include the dates and results (example: size of the tuberculosis test and negative or positive result for chest x-ray).

*The following countries do not have to be screened for Tuberculosis:
Canada, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, and New Zealand.*
Office of International Students and Scholars (OISS)
Immunization Requirement for International Students

Name: ____________________________________________ STUDENT HEALTH CENTER

Date of Birth: ____/____/____ Gender: Male __ Female __ Country of Residence: ______________________

(month) (day) (year)

As an International student, the following immunizations and/or tests are required before enrollment to UNR. In order to make your transition to UNR as smooth as possible, it is required that these be completed prior to arrival. Please provide documentation on this form of all completed immunizations.

*TDap (Tetanus, Diphtheria, & Pertussis) Date: ____/____/____
(Received within the last 10 years. Tdap preferred over TD. Specify which vaccine was given) (month) (day) (year)

*MMR (Measles, Mumps, & Rubella) 1) Date: ____/____/____ and 2) Date: ____/____/____
(2 vaccines needed: first one must have been received on or after the first birthday and dose #2 after age 4)
Measles 1)____/____/____ 2)____/____/____
Mumps 1)____/____/____ 2)____/____/____
Rubella 1)____/____/____ 2)____/____/____

MMR Titer (blood test if cannot provide documentation of immunizations) Date: ____/____/____
(attach lab report) (month) (day) (year)

*Meningitis Vaccination (Groups A, C, Y, W-135) Date: ____/____/____
(mandatory for students who are under the age of 23 years and attending UNR. At least one dose of MCV4 vaccine received on or after age 16 years will satisfy this requirement. Meningococcal Group B or C is not accepted) (month) (day) (year)

*PPD skin test Date Received: ____/____/____ Date Read: ____/____/____
(Tuberculosis testing within 6 months prior to enrollment) Result: ________ mm

(month) (day) (year)

OR

QuantiFERON blood test Date: ____/____/____ Result: Negative or Positive
(attach lab report) (month) (day) (year)

* If tuberculosis test result is positive, a chest x-ray is required.
(attach a report)

Date of chest X-ray: ____/____/____

(month) (day) (year)

HEALTH CARE PROVIDER INFORMATION:

Print Name: ____________________________ Address: ____________________________

Signature: ____________________________

Date: ____/____/____ Phone: ____________________________

*Anti-sarampion, sarampion, or M/R will not be accepted as having had the MMR vaccine.
**Acceptable: Sarampion, Caxumba (Cachumba, Papeira, Papera, Parotiditis), Rubéola, SFR, Triviral, VTV.
***Please make sure this page is complete before submitting to the University Of Nevada, Reno.
University of Nevada, Reno  
Physical Evaluation Clearance Form for International Students

Name: ___________________________  Date of Birth: _____/____/____  Date of Exam: _____/____/____ (mon) (date) (year)  

HT: ______  WT: ______  BP: _____/_____  HR: ______  Temp: ______  Male: _____  

Vision:  Right eye 20/_____  Left eye 20/_____  Corrected or Uncorrected (Please circle)  Female: _____

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PULSES:    | _____  | _____    | _____    |
| RADIAL  | _____  | _____    | _____    |
| FEMORAL  | _____  | _____    | _____    |
| JOINTS:  | _____  | _____    | _____    |
| EDEMA:   | _____  | _____    | _____    |
| SPINE:   | _____  | _____    | _____    |
| REFLEXES: | _____  | _____    | _____    |

Clearance Granted: _______  Clearance Not Granted: _______  

Comments: 

Does the student have any physical restrictions or limitations?  Yes or No  If yes, explain  

Is the student FREE of communicable disease?  Yes or No  If no, explain  

Provider Signature: ___________________________  Provider Address or Stamp:  