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 quanitferon 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.
Intensive English Language Center (IELC)
Immunization Requirement for International Students

Name: __________________________________________________

Date of Birth: ____/____/____  Gender: Male__ Female__  Country of Residence: __________________

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)

* 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)

OR

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

* 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)

* PPD skin test  (Tuberculosis testing within 6 months prior to enrollment)

Date Received: ____/____/____  Date Read: ____/____/____  Result: __________ mm

OR

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

* If tuberculosis test result is positive, a chest x-ray is required.  Date of chest X-ray: ____/____/____
(attach a report)

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, Paperas, Parotiditis), Rubella, SPR, 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)  (mon) (date) (year)

HT: _______  WT: _______  BP: _______/_______  HR: _______  Temp: _______  Male: ___

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

NORMAL   ABNORMAL   COMMENTS

SKIN:  __________  __________  _______________________________

EYES:  __________  __________  _______________________________

EARS:  __________  __________  _______________________________

MOUTH:  __________  __________  _______________________________

NECK:  __________  __________  _______________________________

THYROID:  __________  __________  _______________________________

LYMPH NODES:  __________  __________  _______________________________

THORAX:  __________  __________  _______________________________

LUNGS:  __________  __________  _______________________________

HEART:  __________  __________  _______________________________

EXTREMITIES:

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: