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, and 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. Although meningococcal Group B or C vaccines are not a requirement, it is recommended that students receive the vaccines before coming to campus.

**QuantiFERON or PPD skin test (Tests for Tuberculosis):** A test for tuberculosis is mandatory for most international students (see “Low Incidence” attachment for exceptions).* QuantiFERON blood test is preferred, but PPD skin test will be accepted. Students who have had either of these tests done in their country within the past six months will meet this requirement if documentation is provided. 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 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).

* tcw 7/19
APPENDIX A

“Low Incidence” Areas with Estimated or Reported Tuberculosis Incidence, 2014

“Low Incidence” areas are defined as areas with reported or estimated incidence of <20 cases per 100,000 population.

The following countries DO NOT NEED tuberculosis screening:

Albania
American Samoa
Andorra
Antigua and Barbuda
Aruba
Australia
Austria
Bahamas
Bahrain
Barbados
Belgium
Bermuda
Bonaire, Saint Eustatius and Saba
British Virgin Islands
Canada
Cayman Islands
Chile
Cook Islands
Costa Rica
Croatia
Cuba
Curacao
Cyprus
Czech Republic
Denmark

Dominica
Egypt
Finland
France
Germany
Greece
Grenada
Hungary
Iceland
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Lebanon
Luxembourg
Malta
Monaco
Montserrat
Netherlands
New Caledonia
New Zealand
Niue
Norway
Oman
Puerto Rico
Saint Kitts and Nevis
Saint Lucia
Samoa
San Marino
Saudi Arabia
Saint Maarten (Dutch part)
Slovakia
Slovenia
Spain
Sweden
Switzerland
Syrian Arab Republic
The Former Yugoslav Republic of Macedonia
Tokelau
Tonga
Turkey
Turks and Caicos Islands
United Arab Emirates
United Kingdom of Great Britain and Northern Ireland
United States of America
US Virgin Islands
Wallis and Futuna Islands
West Bank and Gaza Strip

International Students and Scholars
Immunization Requirement for International Students
University of Nevada
School of Medicine

Name: ________________________________  STUDENT HEALTH CENTER

Date of Birth: _____/____/_____ Gender: Male_ Female_ Country of Residence: ________________
(mon) (date) (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 highly recommended that these be completed prior to arrival. Please provide documentation on this form of all completed immunizations.

* Tdap (Tetanus, Diphtheria, & Pertussis)
(Received within the last 10 years. Tdap preferred over TD. Specify which vaccine was given)

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

MMR Titer (blood test)
(attach lab report)

*Meningitis Vaccination (Groups A, C, Y, W-135)
(mandatory for students who are under the age of 23 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)

Quantiferon blood test
(attach lab 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), Rubeola, 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: ____/____/____


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

[Table with columns for SKIN, EYES, EARS, MOUTH, NECK, THYROID, LYMPH NODES, THORAX, LUNGS, HEART, EXTREMITIES, PULSES (RADIAL, FEMORAL), JOINTS, EDEMA, SPINE, and Reflexes]

Clearance Granted: _________  Clearance Not Granted: ________

Is the student FREE of communicable disease?  Yes  or   NO  If No, please explain: ________________________________

Does the student have any current physical, medical, psychological, or emotional health issues?   Yes   or    No

Health issue details and explanation:

Current Medications: _____________________________________________________________________________________