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  Dominica  Puerto Rico
American Samoa  Egypt  Saint Kitts and Nevis
Andorra  Finland  Saint Lucia
Antigua and Barbuda  France  Samoa
Aruba  Germany  San Marino
Australia  Greece  Saudi Arabia
Austria  Grenada  Saint Maarten (Dutch part)
Bahamas  Hungary  Slovakia
Bahrain  Iceland  Slovenia
Barbados  Ireland  Spain
Belgium  Israel  Sweden
Bermuda  Italy  Switzerland
Bonaire, Saint Eustatius and Saba  Jamaica  Syrian Arab Republic
British Virgin Islands  Jordan  The Former Yugoslav Republic of Macedonia
Canada  Lebanon  Tokelau
Cayman Islands  Luxembourg  Tonga
Chile  Malta  Turkey
Cook Islands  Monaco  Turks and Caicos Islands
Costa Rica  Montserrat  United Arab Emirates
Croatia  Netherlands  United Kingdom of Great Britain and Northern Ireland
Cuba  New Caledonia  United States of America
Curacao  New Zealand  US Virgin Islands
Cyprus  Niue  Wallis and Futuna Islands
Czech Republic  Norway  West Bank and Gaza Strip
Denmark

University of Nevada
School of Medicine

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

Name: ________________________________

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)

Date: ___/___/___

(mon) (date) (year)

*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)

Date: ___/___/___

(mon) (date) (year)

OR

MMR Titer (blood Test)
(attach lab report)

Date: ___/___/___

(mon) (date) (year)

*Meningitis Vaccination
(mandatory for students who are 22 years old or younger and living in the residence halls. Received within the last five years.)

Date: ___/___/___

(mon) (date) (year)

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

Date Received: ___/___/___

(mon) (date) (year)

Date Read: ___/___/___

Result: _______ mm

(mon) (date) (year)

OR

QuantiFERON blood test
(attach lab report)

Date: ___/___/___

Result: Negative or Positive

(mon) (date) (year)

HEALTH CARE PROVIDER INFORMATION:

Print Name: __________________________ Address: __________________________

Signature: ___________________________ Phone: ___________________________

Date: ___/___/___

**Anti-sarampion will not be accepted as having had the MMR vaccine
Acceptable: Sarampion, Caxumba (Cachumba, Papeira, Paperas, Parotiditis), Rubeola, SPR, Triviral.
If tuberculosis test result is positive, a chest x-ray is required.

Student Health Center
University of Nevada, Reno/196
Reno, Nevada 89557-0196
(775) 784-6598 office
(775) 784-1298 fax
www.unr.edu/shc
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: ____

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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: ____________________________________________________________
University of Nevada, Reno
Physical Evaluation Clearance Form for International Students

Provider Signature: ___________________________________________      Stamp:

Office Address

or

Provider Signature: ________________________________      Stamp: