Immunization Requirements for International Students

Tdap ($45): Vaccination must have been received within the last 10 years.

MMR ($65): 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 ($125): Vaccination for meningitis is mandatory if the student is 22 years old or younger and is going to be living in the residence halls. The vaccination must have been received within the last five years.

Quantiferon ($50) 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 can not 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. 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.

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: ____________________________

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)

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: ___/___/____

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: ___/___/____

Date Read: ___/___/____

Result: _______ mm

OR

QuantIFERON blood test
(attach lab report)

Date: ___/___/____

Result: Negative  or Positive

(mon) (date) (year)

HEALTH CARE PROVIDER INFORMATION:

Print Name: ____________________________  Address: ____________________________

Signature: ____________________________

Date: ___/___/____  Phone: ____________________________

**Anti-sarapion will not be accepted as having had the MMR vaccine
Acceptable: Sarampion, Caxumba (Cachumba, Papeira, Papera, Parotiditis), Rubeola, SPR, Triviral, VTV.
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: __/__/____  
(mon) (date) (year) (mon) (date) (year)

HT: _______ WT: _______ BP: _______/_______ HR: _______ Temp: ______

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

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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: 