

## 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).

## 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	Japan	The Former Yugoslav Republic of Macedonia
Canada	Jordan	Tokelau
Cayman Islands	Lebanon	Tonga
Chile	Luxembourg	Turkey
Cook Islands	Malta	Turks and Caicos Islands
Costa Rica	Monaco	United Arab Emirates
Croatia	Montserrat	United Kingdom of Great Britain and Northern Ireland
Cuba	Netherlands	United States of America
Curacao	New Caledonia	US Virgin Islands
Cyprus	New Zealand	Wallis and Futuna Islands
Czech Republic	Niue	West Bank and Gaza Strip
Denmark	Norway	
	Oman	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014.



**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)** Date: \_\_\_/\_\_\_/\_\_\_  
 (Received within the last 10 years. Tdap preferred over TD. Specify which vaccine was given) (mon) (date) (year)

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

**OR**

**MMR Titer (blood Test)** Date: \_\_\_/\_\_\_/\_\_\_  
 (attach lab report) (mon) (date) (year)

**\*Meningitis Vaccination (Groups A, C, Y, W-135)** Date: \_\_\_/\_\_\_/\_\_\_  
 (mandatory for students who are under the age of 23 and attending UNR. At least one (mon) (date) (year)  
 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** Date Received: \_\_\_/\_\_\_/\_\_\_  
 (Tuberculosis testing within 6 months prior to enrollment) (mon) (date) (year)

Date Read: \_\_\_/\_\_\_/\_\_\_ Result: \_\_\_\_\_ mm  
 (mon) (date) (year)

**OR**

**QuantIFERON blood test** Date: \_\_\_/\_\_\_/\_\_\_ Result: Negative or Positive  
 (attach lab report) (mon) (date) (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, Paperas, Parotiditis), Rubeola, SPR, Triviral, VTV.**

**\*\*\*Please make sure this page is complete before submitting to the University of Nevada, Reno.**

**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: \_\_\_\_\_ BMI: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

Office Address  
or

Provider Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_