

TB and Vaccination History for International Students



Please take this form and your immunization records to University Health Services (UHS) when you arrive in Austin. Bring them to the UHS Allergy/Immunization Clinic, Student Services Building, room 2.104. Please read, and have your healthcare provider read, the TB Screening section below carefully.

International students cannot register for classes (even during new student orientation) until UHS has documentation that they have met the medical clearance requirements.

For questions regarding medical clearance requirements and medical bars, call our Immunization Compliance department at 512-475-8301, or email imm@uhs.utexas.edu. In your email, please provide your UT EID. Please be as detailed as possible about your question or issue.

STUDENT INFORMATION: Completed by the Student

FIRST AND LAST NAME OF STUDENT

DATE OF BIRTH

UT EID

EMAIL ADDRESS

HOME ADDRESS, CITY, STATE, COUNTRY

TELEPHONE NUMBER

TUBERCULOSIS (TB) SCREENING: Completed by Healthcare Provider (if applicable)

Tuberculosis screening is required regardless of BCG Vaccination.

IMPORTANT: A PPD/Mantoux TB skin test IS NOT ACCEPTABLE if performed outside of the United States, and a chest x-ray will NOT be accepted as a substitute for an IGRA blood test.

The ONLY tuberculosis screening test that is acceptable if performed outside of the United States is the IGRA Blood Test.

University Health Services holds TB screening clinics for entering international students before registration each semester.

If preferred, students can get an IGRA blood test before their arrival in the U.S. as long as it falls within the following time frame:

- If enrolling in spring, the IRGA blood test must be performed on or after September 1 of the previous year.
- If enrolling in summer or fall, the IGRA blood test must be performed on or after March 1 of the same year.

ATTENTION HEALTHCARE PROVIDER:

Complete the following information only if the individual has had an IRGA blood test within the time frame listed above.

TB IGRA Blood Test Results (MUST BE IN ENGLISH AND INCLUDE LAB REPORT): Negative Positive

DATE OF TEST (MM/DD/YYYY)

IMPORTANT: May be performed outside of the U.S. Difficulty with English translation, interpretation of results or legibility of documents by UHS may result in having to repeat the test.

If positive, a chest-xray must be performed in the U.S. on or after the date noted above. University Health Services can perform a chest x-ray when the student arrives on campus.

History of INH treatment for tuberculosis infection: Yes No

START DATE (MM/DD/YYYY)

DURATION OF TREATMENT

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED)

NAME

ADDRESS

TELEPHONE NUMBER

DATE

TB and Vaccination History for International Students



FIRST AND LAST NAME OF STUDENT

DATE OF BIRTH

UT EID

EMAIL ADDRESS

HOME ADDRESS, CITY, STATE, COUNTRY

TELEPHONE NUMBER

REQUIRED VACCINATIONS: Dates (MM/DD/YY)

Two doses of measles vaccine, two doses of mumps vaccine, administered on or after the first birthday and at least 28 days apart, and one dose of rubella vaccine administered on or after the first birthday OR two doses of MMR vaccine administered on or after the first birthday and at least 28 days apart **OR** a positive blood test (titer) showing protective antibodies to all three diseases (must include official lab report).

VACCINE	DOSE 1	DOSE 2	DATE OF POSITIVE TITER
MMR (Combined)			
Measles			
Mumps			
Rubella			

Students must submit proof that they have received a meningococcal vaccine within 5 years of the first day of classes of the semester they will enroll but no later than 10 days before the first day of classes. If you received a meningococcal vaccine more than 5 years before the first day of classes of the semester you will enroll, you must get another one. **EXCEPTIONS:** You are exempt from this requirement if you will be age 22 or older on the first day of classes of the semester in which you are entering. For other exemptions, click on "Meningococcal Vaccine" at healthyhorns.utexas.edu.

MENINGOCOCCAL VACCINE (MOST RECENT VACCINE)

DATE (MM/DD/YYYY)

Menomune Menactra Menveo MCV4 Mencevax Other Meningococcal Vaccine

RECOMMENDED VACCINATIONS: Dates (MM/DD/YY)

VACCINE	DOSE 1	DOSE 2	DOSE 3
Varicella (Chicken Pox) <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease History (Date: _____)			
Tetanus-Diphtheria-Pertussis (Tdap)			
Tetanus-Diphtheria (Td)			
Human Papillomavirus, HPV			
Hepatitis A			
Hepatitis B			
Combination Hepatitis A and B			

OTHER VACCINATIONS: Dates (MM/DD/YY)

VACCINE	DOSE 1	DOSE 2	DOSE 3
BCG			
Pneumococcal Polysaccharide Vaccine			
Polio			
Typhoid			
Yellow Fever			

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED)

NAME

ADDRESS

TELEPHONE NUMBER

DATE