VACCINATION HISTORY FOR INTERNATIONAL STUDENTS

STUDENT FIRST AND LAST NAME
DATE OF BIRTH

UTEID
EMAIL ADDRESS

ADDRESS LINE 1
CITY, STATE, COUNTRY

ADDRESS LINE 2
TELEPHONE NUMBER

REQUIRED VACCINATIONS

I. MEASLES (RUBEOLA), MUMPS, RUBELLA (MMR)

The incoming student must have proof of one of the following to register for classes at The University of Texas at Austin. Please mark and complete one of the following which best describes the current vaccination and/or immunity status of the incoming student:

☐ Two doses of MMR vaccine given at least 28 days apart after 12 months of age.

MMR VACCINE DOSE 1 DATE (MM/DD/YY)   MMR VACCINE DOSE 2 DATE (MM/DD/YY)

☐ Two doses of measles vaccine, two doses of mumps vaccine given at least 28 days apart after 12 months of age, and one dose of Rubella vaccine given after 12 months of age.

MEASLES VACCINE DOSE 1 DATE (MM/DD/YY)   MEASLES VACCINE DOSE 2 DATE (MM/DD/YY)   RUBELLA VACCINE DOSE 1 DATE (MM/DD/YY)

MUMPS VACCINE DOSE 1 DATE (MM/DD/YY)   MUMPS VACCINE DOSE 2 DATE (MM/DD/YY)

☐ Laboratory evidence of immunity for measles (rubeola), mumps, and rubella.

NOTE: Incoming student must submit a laboratory report to University Health Services to prove immunity. In the case of a negative or equivocal titer, the student must revaccinate prior to first of classes.

II. BACTERIAL MENINGITIS

Bacterial meningitis vaccination must be given within five years of the first day of classes for the first semester entering the university. A student is considered exempt if they will be age 22 or older on their first class day of their first semester at the university.

BACTERIAL MENINGITIS DATE (MM/DD/YY)

Menomune   Menevo   Mencevax   Menactra   MCV4   Other

RECOMMENDED/OTHER VACCINATIONS

The following are not required. Please mark any of the following the student has received OR attach respective documentation for each.

☐ Varicella

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)

☐ TDAP

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)

☐ Hepatitis A

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)

☐ Human Papilloma Virus (HPV)

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)   DOSE 3 (MM/DD/YY)

☐ BCG

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)   DOSE 3 (MM/DD/YY)

☐ Pneumococcal Polysaccharide Vaccine

DOSE 1 (MM/DD/YY)   DOSE 2 (MM/DD/YY)   DOSE 3 (MM/DD/YY)

Licensed Health Care Provider (REQUIRED, PLEASE PRINT CLEARLY OR STAMP)

FIRST AND LAST NAME
TELEPHONE
DATE (MM/DD/YY)

ADDRESS LINE 1
ADDRESS LINE 2
CITY, STATE, COUNTRY

PROVIDER SIGNATURE OR CLINIC STAMP

FORM - Vaccination History for International Students - AIT - 03.04.2024