Vaccination History for International Students

The University of Texas at Austin
University Health Services
Division of Student Affairs

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) ☐ Vaccine ☐ 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			
BCG			
Pneumococcal Polysaccharide Vaccine			
Polio			
Typhoid			
Yellow Fever			

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED)

NAME

ADDRESS

TELEPHONE NUMBER

DATE