Medical Provider Form

All international students must complete section B.

SECTION A

Measles, Mumps, Rubella (MMR)

Students born after December 31, 1956:

This section must be completed by students who cannot provide immunization dates via the online Immunization Compliance Form due to one of the following:

1. You have immunity because you had the disease
2. You have laboratory evidence if immune titer
3. You have a contraindication to a vaccine

Requests for immunization exemptions require medical documentation or a physician's written statement.

Measles (Rubella)

1. Had disease (please attach documentation of physician diagnosis).
2. Has laboratory evidence of immune titer (attach documentation).
3. Has a contraindication to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end contraindication ends.

Mumps

1. Had disease (please attach documentation of physician diagnosis).
2. Has laboratory evidence of immune titer (attach documentation).
3. Has a contraindication to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end contraindication ends.

Rubella (German Measles)

1. Had disease (please attach documentation of physician diagnosis).
2. Has laboratory evidence of immune titer (attach documentation).
3. Has a contraindication to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end contraindication ends.

SECTION B

Tuberculosis (TB) Testing

This section is REQUIRED to be completed by all international students. (It does not need to be completed by US citizens or US permanent residents.)

Attach medical documentation that you have been tested for tuberculosis (TB) in the United States. The documentation must include the date of the skin test or chest x-ray and the results of the test.