



## Tuberculosis Screening & Immunization Form for International Students

**ALL NEW INTERNATIONAL AND ESL STUDENTS MUST:**

1. PROVIDE PROOF OF ADEQUATE IMMUNIZATION AGAINST CERTAIN DISEASES
2. MUST HAVE RECEIVED THE MENINGITIS VACCINE WITHIN LAST 5 YEARS
3. PROVIDE PROOF OF A NEGATIVE TUBERCULOSIS SCREENING SKIN TEST WITHIN LAST 6 MONTHS OR  
TUBERCULOSIS BLOOD TEST

**ALL IMMUNIZATION RECORDS SHOULD BE SUBMITTED IN ENGLISH.**

*The Tuberculosis screening must be an FDA approved test.*

Please Email records to: [immunizations@southalabama.edu](mailto:immunizations@southalabama.edu)

**IMMUNIZATIONS:** The University of South Alabama requires that all International & ESL students born after 1956 must have had 2 doses of a measles containing vaccine (rubeola, M.R., MMR) **prior to registration**. One dose must have been after 1980 and at least one of the doses must have been an MMR.

*The University of South Alabama (USA) requires that all enrolling International and ESL students **MUST** provide acceptable proof of tuberculosis screening. The screening result date must be within the past six(6) months.*

	Date	Result in mm	Positive	Negative
TB Skin Test (TST/PPD):	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>
Quantiferon Gold	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>
			Normal	Abnormal
If TST Positive, Chest X Ray:	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>

Required	Vaccine/Type	Date Administered	Vaccine/Type	Date Administered
Measles (Rubeola)				
German Measles (Rubella)				
Mumps				
MMR				
Meningitis				

**In lieu of above:**

Positive titer date (Rubeola) \_\_\_/\_\_\_/\_\_\_      Positive titer date (Rubella) \_\_\_/\_\_\_/\_\_\_

Positive titer date (Mumps) \_\_\_/\_\_\_/\_\_\_

**(OPTIONAL)**

\*Tetanus \_\_\_/\_\_\_/\_\_\_ or Tdap \_\_\_/\_\_\_/\_\_\_

\*Varicella \_\_\_/\_\_\_/\_\_\_

\*Hepatitis B (3 shots) \_\_\_/\_\_\_/\_\_\_      \_\_\_/\_\_\_/\_\_\_      \_\_\_/\_\_\_/\_\_\_  
1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>

<b>Physician or Authorized Signature</b> _____	Date	License # or Office Stamp
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Please have your health care provider complete and sign or attach documents verifying that you have completed required screening and immunizations. Failure to provide the immunization record prior to the beginning of class may impact the enrollment status.

Name: _____	Student #: _____	DOB: _____
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All NEW International students admitted to USA must submit prior to orientation the immunization documents or vaccines will be administered at the Orientation.

Additional forms may be obtained at: [www.southalabama.edu/studenthealth](http://www.southalabama.edu/studenthealth)