

Immunization Requirements

Arkansas State University

The University requires all students to have **2 doses of Measles, Mumps, and Rubella vaccine**.

All foreign-born students are required to have **tuberculosis screening** upon arrival to the University at **Health Screening**.

Students who do not have documentation of Measles, Mumps, and Rubella will be required to **take MMR vaccination** upon arrival. A second MMR will be required 30 days later. Students who do not complete the 2 MMR requirements within 30 days of enrollment, will have a hold on their account.

Students can bring MMR proof of vaccination from their home country, but it must be:

- given after January 1, 1968 and after student's 1st birthday. Each injection must be at least 28 days apart.
- an original document in English, or **this form filled out by a doctor**.
- have the student's **name** and **birthday**
- list the **date** of each vaccination. (Month/Day/Year) and be **signed by a doctor**,

Exception: If a student has previously received 2 doses of Measles, 1 dose of Rubella, and 1 dose of Mumps **ALL** before January 1, 2010, the doses will be acceptable as compliant to immunization requirements.

A copy of lab report (TITER) showing proof of immunity from Measles, Mumps and Rubella can be submitted in lieu of the vaccine. Proof of History of Disease of Measles, Mumps or Rubella **will not** be accepted as proof of immunity.

HEALTH SCREENING: Upon arrival, International Students will be required to attend **Health Screening**, where they will receive 1st MMR (*if no documentation*) and **Tuberculosis Screening**. Please bring all immunization documents to Health Screening. To have your HOLD removed you must provide proof of 2 MMR **or** receive a MMR vaccination at health screening as well as receive T-SPOT blood test (*if from TB endemic country, which the nurse will inform you*).

The T-SPOT blood test for TUBERCULOSIS must be performed at Arkansas State University during Health Screening.

Name: _____ **University ID:** _____
First Middle Last

Date of Birth: _____ **Phone:** _____
Month/Day/Year

Fill in Dates Mandatory MMR (Measles, Mumps, Rubella)

Measles	#1	#2	OR	Measles Titer	Titer results and date	Attach copy of Titer report
	_____ <small>Month/Day/Year</small>	_____ <small>Month/Day/Year</small>			_____ <small>Month/Day/Year</small>	_____ <small>Result</small>
Mumps	#1	#2	OR	Mumps Titer	Titer results and date	Attach copy of Titer report
	_____ <small>Month/Day/Year</small>	_____ <small>Month/Day/Year</small>			_____ <small>Month/Day/Year</small>	_____ <small>Result</small>
Rubella	#1	#2	OR	Rubella Titer	Titer results and date	Attach copy of Titer report
	_____ <small>Month/Day/Year</small>	_____ <small>Month/Day/Year</small>			_____ <small>Month/Day/Year</small>	_____ <small>Result</small>

Attach Copy of MMR is recommended.

Check (✓) the appropriate box:

- Complete for University requirements (2 MMRs)
- Not Complete- Next immunization is due ____/____/____
Month Day Year

Required:

Health Care Provider Signature/ Stamp _____

Date _____

Address: A-State Student Health Center, P.O Box 1380, State University, AR 72467

Email: SHC@astate.edu

Phone: 870-243-8465

Fax: 870-972-2131

Ginger Byard, RN
International Coordinator

Retain a copy of your immunization records for your personal record.