Lewis University
International Student Immunization Requirements

In accordance with the State of Illinois College Immunization Code, Lewis University is required to collect proof of the following immunizations:

Measles – Mumps - Rubella
   Two doses of MMR vaccine administered on or after the first birthday and at least 28 days apart
   OR two doses of live Measles vaccine, two doses of live Mumps vaccine and two doses of live Rubella vaccine administered on or after the first birthday and at least 28 days apart
   OR positive antibody titers indicating immunity to all three diseases (must include lab report with reference ranges)

Diphtheria –Tetanus - Pertussis
   Any combination of 3 or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine.
   The last dose of vaccine (DTP, DTaP, DT, Td, or Tdap) must have been received within 10 years prior to the term of current enrollment. *One dose must be Tdap vaccine.

Meningococcal Conjugate Vaccine (MCV4)
   All new admitted students under age 22: at least one dose on or after 16 years of age. If received before the age of 16, a booster dose is required. Students who will be age 22 or older on the first day of class of the first semester enrolled are exempt from this requirement.

   All students, including undergraduate, graduate, readmitted and transfer students must comply with the immunization requirements. Records must be in English or must be transcribed onto our Immunization History form and verified/certified by a licensed healthcare provider.

Tuberculosis Testing

Tuberculosis (TB) is a communicable disease with potentially serious, long-lasting consequences if not treated. Because TB rates are on the rise in many parts of the world, The Center for Health and Counseling Services follows CDC guidelines and requires that all international students be screened and/or tested for TB. International students must complete a Tuberculosis (TB) Screening questionnaire which will indicate if further action and testing is required.

Immunization Compliance

You are encouraged to meet with a nurse in The Center for Health and Counseling Services to have your immunization history records and TB screening questionnaire reviewed. You will be informed of options for becoming compliant with requirements if you are unable to locate vaccination records.

Lewis University Center for Health and Counseling Services
Phone: (815) 836-5455  Fax: (815) 836-5047  healthservices@lewisu.edu
The Center for Health and Counseling Services
TB Screening Form for International Students

(To be completed by student)

Name: _______________________________  Date of Birth: _______________________________

Date of initial Screening/Testing Form completion: _______________________________

In the past 12 months:

Have you had close contact with anyone known or suspected to have active TB disease? Yes _____ No _____

Have you been a volunteer or health-care worker serving clients who are at increased risk for active TB disease? Yes _____ No _____

Have you lived, worked or volunteered in any high-risk settings? (Correctional facility or prison, long-term care facility or nursing home, homeless shelter)? Yes _____ No _____

Have you ever been a member of any of the following groups that may have an increased incidence of latent TB infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes _____ No _____

Do you have any of the following symptoms? Cough, Fever, Night sweats, Weakness, Loss of appetite, Weight loss? Yes _____ No _____ (If yes, please explain)

Have you had frequent or prolonged visits* to one or more of the countries listed below? Yes _____ No _____ (If yes, CHECK the countries, below)

Afghanistan  Comoros  Iraq  Namibia  Somalia
Algeria  Congo  Kazakhstan  Nauru  South Africa
Angola  Côte d’Ivoire  Kenya  Nepal  South Sudan
Anguilla  Democratic People's Republic of Korea  Kiribati  New Caledonia  Sri Lanka
Argentina  Democratic Republic of the Congo  Kuwait  Nicaragua  Sudan
Armenia  Democratic Republic of the Congo  Kyrgyzstan  Niger  Suriname
Azerbaijan  Democratic People's Republic of Korea  Lao People's Democratic Republic  Nigeria  Swaziland
Bangladesh  Djibouti  Latvia  Northern Mariana Islands  Syrian Arab Republic
Belarus  Dominican Republic  Lesotho  Tanzania (United Republic of)
Belize  Ecuador  Liberia  Thailand
Benin  El Salvador  Libya  Timor-Leste
Bhutan  Equatorial Guinea  Maldives  Tuvalu
Bolivia (Plurinational State of)  Eritrea  Madagascar  Ukraine
Bosnia and Herzegovina  Ethiopia  Malawi  Uzbekistan
Botswana  Gabon  Malaysia  Vanuatu
Brazil  Gambia  Maldives  Venezuela
Brunei Darussalam  Georgia  Mali  (Bolivarian Republic of)
Bulgaria  Ghana  Marshall Islands  Viet Nam
Burkina Faso  Greenland  Mauritania  Yemen
Burundi  Guam  Mauritius  Zambia
Cabo Verde  Guatemala  Mexico  Zimbabwe
Cambodia  Guinea  Micronesia (Federated States of)  Senegal  Republic of
Cameroon  Guinea-Bissau  Mongolia  republic of
Central African Republic  Guyana  Montenegro  Serbia
Chad  Haiti  Morocco  Sierra Leone
China  Honduras  Mozambique  Singapore
China, Hong Kong SAR  India  Myanmar  Solomon Islands
China, Macao SAR  Indonesia
Colombia


*The significance of the travel exposure should be discussed with a health care provider and evaluated.

If the answer is YES to any of the above questions, Lewis University requires that you receive TB testing as soon as possible. The TB test must be performed no sooner than 6 months prior to arriving on campus or must be repeated. Note: The TB testing requirement applies regardless BCG vaccination. TB IGRA testing is preferred. Skin testing must be performed in the U.S.A. Testing can be done at Lewis University Health Services.

If the answer to all of the above questions is NO, no further testing or further action is required.

Student Signature: _______________________________  Date: _______________________________
International students answering YES to any of the questions on the TB Screening Form must receive TB testing. Please submit completed forms ahead of time or, if applicable, bring this completed form along with your immunization records to the Center for Health and Counseling Services when you arrive on campus. The Center is located in the lower level of Mother Teresa Hall. It is very important that you and your healthcare provider carefully review and complete these forms.

Students must meet medical clearance requirements in order to avoid registration delays and late fees. For questions regarding medical clearance requirements, call 815-836-5455, or email healthservices@lewisu.edu. In your email, please provide your full name, date of birth and student ID number. Please be as detailed as possible about your question or circumstance.

**STUDENT INFORMATION: Completed by the Student**

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<tr>
<th>FIRST AND LAST NAME OF STUDENT</th>
<th>DATE OF BIRTH</th>
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<tr>
<th>STUDENT ID</th>
<th>EMAIL ADDRESS</th>
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<table>
<thead>
<tr>
<th>HOME ADDRESS, CITY, STATE, COUNTRY</th>
<th>TELEPHONE NUMBER</th>
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**TUBERCULOSIS (TB) Testing: Completed by the Healthcare Provider**

International students answering YES to any of the questions on the TB Screening Form must receive a TB test (PPD/Mantoux or IGRA) administered and reported as described below. A chest x-ray will NOT be accepted as a substitute for a TB test. However, a chest x-ray is required and must be performed in the U.S. if the TB test is positive. The TB testing requirement applies regardless of BCG vaccination. Testing can be done at Lewis University Health Services. **The TB test must be performed no sooner than 6 months prior to arriving on campus or must be repeated.**

- **Two-step TB skin test (TST) means 2 separate tests administered 7-28 days apart.** If there is documentation of a negative TST within the prior 12 months, only one TST needs to be done and this is considered the 2nd of the two-step test. **IMPORTANT: TST can only be administered in the U.S.**

  1. **1st step**
     - Date given: (mm/dd/yyyy) __________ Date read: (mm/dd/yyyy) __________ mm induration ________ □ Negative □ Positive
  2. **2nd step**
     - Date given: (mm/dd/yyyy) __________ Date read: (mm/dd/yyyy) __________ mm induration ________ □ Negative □ Positive

- **OR**

  - **TB IGRA Blood Test Results (T-Spot or Quantiferon-TB Gold)**
    - **IMPORTANT:** May be performed outside of the U.S.; however difficulty with English translation, interpretation of results or legibility of documents may result in having to repeat the test.
    - Date of test: (mm/dd/yyyy) □ Negative □ Positive

- **If either test is positive, a chest x-ray must be performed in the U.S. on or after the dates listed above.**

  - **Chest X-Ray Results:**
    - □ Normal □ Abnormal
    - Date of X-ray: (mm/dd/yyyy)

- **History of treatment for tuberculosis infection:**
  - □ Yes □ No
  - Start Date: (mm/dd/yyyy) □ Duration of Treatment

**Licensed Healthcare Provider:** (PLEASE PRINT CLEARLY OR STAMP)

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<thead>
<tr>
<th>SIGNATURE (REQUIRED)</th>
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<th>ADDRESS</th>
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<th>TELEPHONE NUMBER</th>
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ATTENTION STUDENT: Health Services accepts immunization history documentation in the form of official high school records, college records, military records, personal records and/or medical office records. As an alternate option, immunization dates can be transcribed onto this form by your healthcare provider.

**IMMUNIZATION REQUIREMENTS**

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To be completed by licensed healthcare provider. All dates should be listed as MM/DD/YYYY

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<thead>
<tr>
<th>VACCINE</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
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<tbody>
<tr>
<td>MMR (Combined Measles, Mumps, Rubella)</td>
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</tr>
<tr>
<td>Measles</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<tr>
<td>Tdap – Record at least one dose</td>
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<tr>
<td>Td/DTP/DTaP – Record at least 2 additional doses</td>
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<tr>
<td>Meningococcal Conjugate Vaccine (MCV4)</td>
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<tr>
<td>One dose must be administered on or after 16 years of age</td>
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Mail, e-mail, fax or hand deliver to: Lewis University Center for Health and Counseling Services
One University Parkway (Unit #273)
Romeoville, Illinois 60446
Phone: (815) 836-5455 Fax: (815) 836-5047 healthservices@lewisu.edu

Licensed Healthcare Provider (PLEASE PRINT CLEARLY OR STAMP)

Name_________________________ Date__________________
Signature_______________________
Address_________________________
Telephone Number_________________

Revised Spring 2018