



STUDENT HEALTH SERVICES

Division of Student Life

903-233-4445

INTERNATIONAL STUDENT IMMUNIZATION FORM

This form is the required immunization form for all international students. Please have your healthcare provider complete and sign this form. Results must be submitted in English. If there is an issue with the translation, interpretation of results, or legibility of documents, you will be asked to resubmit documentation or repeat the injection / test.

Name: _____ Birthdate: _____ Student ID#: _____
Last/Family First/Given MM/DD/YYYY

MENINGITIS – *Required within the last 5 years. Exempt if 22 years or older by first day of class.

_____/_____/_____
MM DD YYYY

MEASLES, MUMPS, RUBELLA (MMR)

MMR 1

_____/_____/_____
MM DD YYYY

MMR 2

_____/_____/_____
MM DD YYYY

T-SPOT TEST

A T-Spot blood test will be required of all incoming International students. The test will be given by Student Health Services. Further details, including costs, will be provided upon your arrival to campus. Each following semester, all students are required to complete a Tuberculosis Screening that may require additional testing.

HEALTH CARE PROVIDER INFORMATION

Physician or Nurse’s Signature: _____

Date of Signature: _____
MM DD YYYY

Address of Clinic or Office: _____

Office Telephone Number: _____

THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION

For more information: www.letu.edu/Health

Return to:

Mrs. Jerrie Reynolds, R.N.
LeTourneau University, Student Health Services
PO Box 7001
Longview, TX 75607-7001

Upload to:

https://my.letu.edu/ICS/Student_Life/

Email:

jerriereynolds@letu.edu

Fax:

001-903-233-4403