



# 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** – \*Required within the last year. TB Skin Test and chest x-rays not accepted.

T-Spot Test Result: \_\_\_\_\_ Date of Result: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

### **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](http://www.letu.edu/Health)

**Return to:**

Julie Moore, BSN, RN  
LeTourneau University, Student Health Services  
PO Box 7001  
Longview, TX 75607-7001

**Upload to:**

[https://my.letu.edu/ICS/Student\\_Life/](https://my.letu.edu/ICS/Student_Life/)

**Email:**

[juliemoore@letu.edu](mailto:juliemoore@letu.edu)

**Fax:**

001-903-233-4403