

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? (If yes, please explain) Yes _____ No _____

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

- | | | | | |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------|------------------------------------|
| 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 | Djibouti | Kyrgyzstan | Niger | Suriname |
| Azerbaijan | Dominican Republic | Lao People's Democratic Republic | Nigeria | Swaziland |
| Bangladesh | Ecuador | Latvia | Northern Mariana Islands | Syrian Arab Republic |
| Belarus | El Salvador | Lesotho | Pakistan | Tajikistan |
| Belize | Equatorial Guinea | Liberia | Palau | Tanzania (United Republic of) |
| Benin | Eritrea | Libya | Panama | Thailand |
| Bhutan | Ethiopia | Lithuania | Papua New Guinea | Timor-Leste |
| Bolivia (Plurinational State of) | Fiji | Madagascar | Paraguay | Togo |
| Bosnia and Herzegovina | Gabon | Malawi | Peru | Tunisia |
| Botswana | Gambia | Malaysia | Philippines | Turkmenistan |
| Brazil | Georgia | Maldives | Portugal | Tuvalu |
| Brunei Darussalam | Ghana | Mali | Qatar | Uganda |
| Bulgaria | Greenland | Marshall Islands | Republic of Korea | Ukraine |
| Burkina Faso | Guam | Mauritania | Republic of Moldova | Uruguay |
| Burundi | Guatemala | Mauritius | Romania | Uzbekistan |
| Cabo Verde | Guinea | Mexico | Russian Federation | Vanuatu |
| Cambodia | Guinea-Bissau | Micronesia (Federated States of) | Rwanda | Venezuela (Bolivarian Republic of) |
| Cameroon | Guyana | Mongolia | Sao Tome and Principe | |
| Central African Republic | Haiti | Montenegro | Senegal | |
| Chad | Honduras | Morocco | Serbia | Viet Nam |
| China | India | Mozambique | Sierra Leone | Yemen |
| China, Hong Kong SAR | Indonesia | Myanmar | Singapore | Zambia |
| China, Macao SAR | | | Solomon Islands | Zimbabwe |
| Colombia | | | | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

*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: _____

The Center for Health and Counseling Services
TB Testing Form for International Students



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

FIRST AND LAST NAME OF STUDENT _____

DATE OF BIRTH _____

STUDENT ID _____

EMAIL ADDRESS _____

HOME ADDRESS, CITY, STATE, COUNTRY _____

TELEPHONE NUMBER _____

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.**

1st step Date given (mm/dd/yyyy) _____ Date read (mm/dd/yyyy) _____ mm induration _____ Negative Positive

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) **MUST BE IN ENGLISH AND INCLUDE LAB REPORT**
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 _____ Negative Positive
(MM/DD/YYYY)
- 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)

 SIGNATURE (REQUIRED)

 NAME

 ADDRESS

 TELEPHONE NUMBER

 DATE



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.

FIRST AND LAST NAME OF STUDENT _____ DATE OF BIRTH _____

STUDENT ID _____ TELEPHONE NUMBER _____

ADDRESS, CITY, STATE, COUNTRY _____ EMAIL ADDRESS _____

IMMUNIZATION REQUIREMENTS Deadline Fall Semester: September 1 Spring Semester: February 1

- ✓ **Measles – Mumps - Rubella**
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- ✓ **Diphtheria –Tetanus - Pertussis**
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 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)**
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To be completed by licensed healthcare provider. All dates should be listed as MM/DD/YYYY

VACCINE	DOSE 1	DOSE 2
MMR (Combined Measles, Mumps, Rubella)		
Measles		
Mumps		
Rubella		
Tdap – Record at least one dose		
Td/DTP/DTaP – Record at least 2 additional doses		
Meningococcal Conjugate Vaccine (MCV4) One dose must be administered on or after 16 years of age		

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 _____