

Required Immunization Form for International Students

International Studies Office
Liberal Arts Building, 700
Tel +001 (406) 657-1705

Name _____ MSUB Student ID Number _____
Family Name First Name Middle

Permanent Address _____
Street Address City Province/State Country Postal Code

Email: _____ Sex: Male Female Birthday ____/____/____
month day year

DIRECTIONS:

1. The following immunizations are required by law and MSUB policy. You will **not be able to register** without this form.
2. This information must be from your Physician's records or other official immunization records.
3. It must be **signed** and **stamped** by your physician.

A. MMR (Measles, Mumps, Rubella):

Two (2) immunizations given after 12 months of age and after 1968.

MMR (month/day/year)

Date of 1st _____

Date of 2nd _____

B. Tuberculosis Skin Test

Current skin test given within the last 12 months

Results must be written in millimeters (mm).

For any result over **zero (0)** mm, a chest x-ray is required.

If the test is considered positive by MSUB policy, a form will be signed.

TB Skin Test

Date of PPD _____

Result in mm _____

Date of x-ray _____

X-ray results _____

Physicians' Name _____ Signature _____ Date _____

Address _____ Phone number _____

Physicians' Stamp:

We will accept a copy of your records from your doctor as proof of vaccination, but please include your full name as it appears on your MSUB application.

If student has to complete these immunizations at MSUB, the costs for each are listed below in American Dollars (USD).

MMR: USD \$80 Tuberculosis: USD \$10 Chest XRAY: USD \$100-400

TO RETURN THIS DOCUMENT:

By Mail – Office of International Studies 1500 University Drive, Billings MT 59101 USA

By Email – A scanned copy of this document can be emailed to ois@msubillings.edu Then please bring this original with you.

By Fax – A copy of this document can be faxed to +001 (406) 896-5907. Then please bring this original with you.