

For Priority processing please return this document to the International Studies Office by

## **Required Immunization Form for International Students**

International Studies Office Tel +001 (406) 657-1705 Fax +001 (406) 896-5907

				MSUB Stude:	nt ID Numbe	r		
	/ Name ress	First Name	Middle					
	Street Address			City	Province/State	Count	try Postal Code	
Email:				_ Sex: N	Sex: Male or Female Birthday//			
2. This information	ng immunizations a ation must be from igned and stamped	your Physician's	s records or				<b>r</b> without this form.	
A. MMI	R (Measles, Mump	os, Rubella):			M	MR	(month/day/year)	
Two	Two (2) immunizations given after 12 months of age and after			and after 1968.	D	Date of 1st		
					D	ate of 2nd_		
B. Tube	erculosis Skin Test				T	B Skin Test	t	
Curre	ent skin test given v	vithin the last 12	months		D	ate of PPD	)	
Resul	lts must be written	in millimeters (r	nm).		R	esult in mm		
For a	For any result over <b>zero (0)</b> mm, a chest x-ray is <u>required</u> .			uired.	D	Date of x-ray		
If the	If the test is considered positive by MSUB policy, a for			form will be sign	ned. X	-ray results_		
Physicians' Na	ame		Signatu	re			Date	
address					Phone number			
Physicians' Sta	0			of vaccination,	We will accept a copy of your records from your doctor as pro Evaccination, but please include your full name as it appears a your MSUB application.			

## 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 msubhealth@msubillings.edu. Please bring the original with you. A faxed copy of this document can be faxed to +001 (406) 896-5907. Then please bring this original with you.