Required Immunization Form for International Students

International Studies Office
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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 ___/___/_____

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. It must be signed and stamped by your physician.
3. If student has to complete these immunizations at MSUB, the costs for each are listed below in American Dollars (USD). MMR: USD $85 Tuberculosis: USD $10 Chest XRAY: USD $100-400

A. MMR (Measles, Mumps, Rubella): MMR (month/day/year)
   Two (2) immunizations given after 12 months of age and after 1968.
   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.
   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.

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.