



Required Immunization Form for International Students

Please return to MSU Billings Office of International Studies at ois@msubillings.edu
or Student Health Services msubhealth@msubillings.edu

Name _____ MSUB Student ID Number _____
Family Name First 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 Montana 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):

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

TB Skin Test

Current skin test given within the last 12 months

Date of PPD _____

Results must be written in millimeters (mm)

Result in mm _____

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

Date of x-ray _____

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

X-ray results _____

Physician's Name _____ Signature _____ Date _____
First Last (month/day/year)

Address _____ Phone Number _____
Street Address City Province/State Country Postal Code

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).

Tuberculosis: USD \$10