Required Immunization Form for International Students

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

Name ___________________________ MSUB Student ID Number ___________________________

Family Name             First Name           Middle

Permanent Address

Street Address

Email: ___________________________ City Province/State Country Postal Code

Sex: Male or 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.
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: USO $115       Tuberculosis: USO $10       Chest XRAY: USO $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 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.