



# HEALTH SERVICES

Division of Student Life

903-233-4445

## INTERNATIONAL STUDENT IMMUNIZATION FORM

This form is the required immunization form for all international students. Please have your healthcare provider complete and sign this form. Results must be submitted in English. If there is an issue with the translation, interpretation of results, or legibility of documents, you will be asked to resubmit documentation or repeat the injection / test.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last/Family First/Given MM/DD/YYYY

**MENINGITIS** – \*Required within the last 5 years. Exempt if 22 years or older by first day of class.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

### **MEASLES, MUMPS, RUBELLA (MMR)**

#### **MMR 1**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

#### **MMR 2**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**T-SPOT TEST-** A T-Spot (tuberculosis) blood test will be required for all incoming international students. The test will be given by LETU Health Services. Further details will be provided upon arrival to campus. Chest X-rays or other TB skin tests will not be accepted.

### **HEALTH CARE PROVIDER INFORMATION**

Physician or Nurse’s Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_  
MM DD YYYY

Address of Clinic or Office: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

**THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION**  
*For more information:* [www.letu.edu/student-life/health-services.html#ContentBlock-1-1](http://www.letu.edu/student-life/health-services.html#ContentBlock-1-1)

**Return to:** Angela Clipperton, RN  
LeTourneau University, Health Services  
PO Box 7001  
Longview, TX 75607-7001

**Upload to:** [https://my.letu.edu/ICS/Student\\_Life/](https://my.letu.edu/ICS/Student_Life/)  
**Email:** [angelaclipperton@letu.edu](mailto:angelaclipperton@letu.edu)

**Fax:** 001-903-233-4403