### REQUIRED IMMUNIZATIONS FOR INTERNATIONAL STUDENTS

1. **MMR** – Measles, Mumps, Rubella (Two doses required or a blood titer to show immunity to the disease)

   - **Immunization Dates**
   - MMR Dose #1: Date
   - (Must be given after first birthday)
   - MMR Dose #2: Date
   - (At least one month after first dose)

   - **Lab test proving immunity (attach lab reports)**
   - Measles: Immune — titer value
   - Mumps: Immune — titer value
   - Rubella: Immune — titer value

2. **TETANUS-DIPHTHERIA-PERTUSSIS (TD or TDAP)**

   - (Recommended one-time dose of TDAP if at least 2-5 years since last TD. Must be given within last 10 years.)

   - TDAP
   - TD
   - Date

3. **MENINGITIS**

   - Meningitis Vaccine: Date

4. **POLIO**

   - Student had 4 doses of IPV in childhood
   - Date of last dose:

   OR

   - Student had no doses of IPV in childhood, three doses needed:

   - IPV Dose #1: Date
   - IPV Dose #1: Date (1-2 months after Dose #1)
   - IPV Dose #3: Date (6-12 months after Dose #2)

5. **Tuberculosis Screening**

   1. PPD (Mantoux) within the past 6 months
   - Result: Date

   2. If PPD is positive (10mm or greater), chest X-ray required.
   - X-Ray results: Normal Abnormal

   3. If previously treated for TB, please submit copy of medical records indicating treatment

### RECOMMENDED IMMUNIZATIONS

- **HEPATITIS B**
  - Dose #1: Date
  - Dose #2: Date
  - Dose #3: Date

- **VARICELLA-CHICKEN POX**
  - Dose #1: Date
  - Dose #2: Date

(Immunization policies are consistent with CDC recommendations. For additional information, please see www.cdc.gov/vaccines.)

### HEALTH CARE PROVIDER

- Health Care Provider (please print)
- Phone
- Fax
- Address
- Provider’s Signature

Please complete and return to: NNU Office of Admissions, 623 S. University Blvd., Nampa, ID 83686
Fax: (208) 467-8645 • Phone: (877) NNU-4YOU or (208) 467-8000 • Email: admissions@nnu.edu

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