

Please complete and print, then mail or FAX to the ISHC **before you register**. Non-completion will result in a hold on your account.

Name (Last, First, Middle) _____

Student ID # 918 _____

Required Vaccinations for Admission:

Per Oregon Administrative Rule 333-050-0130: All entering university students born on or after January 1, 1957 will have **two doses of MMR** (measles, mumps, rubella) which are at least 24 days apart and the first dose was up to 4 days prior to or after the student's first birthday. Documentation is required for these immunizations. Indicate which of the following documentation you have attached to this form (copies are acceptable):

- Doctor's office or medical clinic records
- Your high school or previous college immunization records
- Serological Confirmation of Immunity: Lab test (titer) for Measles, Mumps, and Rubella may be substituted as proof of immunity in lieu of vaccinations. Copies of lab work must be attached.
- Public Health Department records
- Personal immunization card signed by clinic staff

If the information submitted regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on your account, preventing you from registering. You may refer to "University Services" in the eneral Catalog for more information.

International students: You must have at least 1 documented MMR vaccine on file before being allowed to register.

Required Tuberculosis Exposure Information:

- Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
- Were you **Born** in one of the countries listed below that have a high incidence of active TB disease*?If yes, check "**B**" below next to your birth country. Yes No
- Have you had frequent/prolonged **Visits** to 1 or more of the countries listed below? Check "**V**" for each Yes No

B	V		B	V		B	V		B	V		B	V		B	V		B	V	
		Afghanistan			Cameroon			Gabon			Libya			Palau						Sri Lanka
		Algeria			Central African Republic			Gambia			Lithuania			Panama						Sudan
		Angola			Chad			Georgia			Madagascar			Papua New Guinea						Suriname
		Argentina			China			Ghana			Malawi			Paraguay						Swaziland
		Armenia			Colombia			Guatemala			Malaysia			Peru						Tajikistan
		Azerbaijan			Comoros			Guinea			Maldives			Philippines						Thailand
		Bahrain			Congo			Guinea-Bissau			Mali			Poland						Timor-Leste
		Bangladesh			Côte d'Ivoire			Guyana			Marshall Islands			Portugal						Togo
		Belarus			Democratic Republic of Korea			Haiti			Mauritania			Qatar						Trinidad & Tobago
		Belize			Democratic Republic of the Congo			Honduras			Mauritius			Republic of Korea						Tunisia
		Benin			Djibouti			India			Mexico			Republic of Moldova						Turkey
		Bhutan			Dominican Republic			Indonesia			Micronesia (Federated States of)			Romania						Turkmenistan
		Bolivia (Plurinational State of)			Ecuador			Iran (Islamic Republic of)			Mongolia			Russian Federation						Tuvalu
		Bosnia & Herzegovina			El Salvador			Iraq			Morocco			Rwanda						Uganda
		Botswana			Equatorial Guinea			Kazakhstan			Mozambique			Saint Vincent & The Grenadines						Ukraine
		Brazil			Eritrea			Kenya			Myanmar			Sao Tome & Principe						United Republic of Tanzania
		Brunei Darussalam			Estonia			Kiribati			Namibia			Serbia						Uruguay
		Bulgaria			Ethiopia			Kuwait			Nauru			Seychelles						Uzbekistan
		Burkina Faso			Fiji			Kyrgyzstan			Nepal			Sierra Leone						Vanuatu
		Burundi						Lao People's Democratic Republic			Nicaragua			Singapore						Venezuela (Bolivarian Republic of)
		Cabo Verde						Latvia			Niger			Solomon Islands						Viet Nam
		Cambodia						Lesotho			Nigeria			Somalia						Yemen
								Liberia			Niue			South Africa						Zambia
											Pakistan			South Sudan						Zimbabwe

* Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

- Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No
- Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB? Yes No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or someone who abused drugs and/or alcohol? Yes No

If the answer to all of the above questions is **NO**, no further testing or further action is required.

If the answer is **YES** to any of the above questions, Oregon Tech requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent quarter. Please see our website for details.

- If you are providing documentation of a TB skin test, was it performed after exposure to any of the above identified risks in Questions 1 through 6? N/A Yes No

Office Use	
TB complete	_____
MMR complete	_____