

Please complete and print, then mail, FAX to, or secure e-mail to 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      Public Health Department records  
Your high school or previous college immunization records      Personal immunization card signed by clinic staff  
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.

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 "Offices and Services" in the General 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	
		Angola
		Azerbaijan
		Bangladesh
		Belarus
		Botswana
		Brazil
		Cambodia
		Cameroon
		Central African Republic
		Chad
		China
		Congo
		Democratic People's Republic of Korea
		Democratic Republic of Congo
		Ethiopia
		Ghana

B	V	
		Guinea-Bissau
		India
		Indonesia
		Kazakhstan
		Kenya
		Kyrgyzstan
		Lesotho
		Liberia
		Malawi
		Mozambique
		Myanmar
		Namibia
		Nigeria
		Pakistan
		Papua New Guinea
		Peru

B	V	
		Philippines
		Republic of Moldova
		Russian Federation
		Sierra Leone
		Somalia
		South Africa
		Swaziland
		Tajikistan
		Thailand
		Uganda
		Ukraine
		United Republic of Tanzania
		Uzbekistan
		Viet Nam
		Zambia
		Zimbabwe

\* Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2016-2020 Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to [www.who.int](http://www.who.int)

- 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