THOMAS MORE
UNIVERSITY

Return All Forms to:
Thomas More University International Admissions
333 Thomas More Parkway, Crestview Hills, Kentucky 41017-3495 USA
Phone: 859-344-3332 Email: admissions@thomasmore.edu www.thomasmore.edu/admissions

INSTUCTIONS TO APPLICANT: To create your Form I-20, Thomas More University International Admissions must receive proof of immunizations. Required immunizations are listed below and this form **must** be completed by a doctor or physician **and** a physician's signature or stamp.

Personal Information: Please put your name in full as it appears in your passport.

Family/Surname: _____ First/Given Name: _____ Middle Name: _____

Date of Birth (month/day/year): ____/____/____

Country of Birth: _____ Country of Residence: _____ Are you currently in the U.S.? ___ Yes ___ No

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REQUIRED IMMUNIZATION INFORMATION: Please indicate the date (MM/DD/YYYY) that you received the following vaccinations. It is required that you receive these immunizations before Thomas More University can create your I-20.

- MEASLES, MUMPS, RUBELLA **(MMR)** or **(MR)** measles, rubella
  *Dose 1 given on*___/____/____ (Should be given at least 12 months after first birthday)

  *Dose 2 given on*___/____/____ (Should be given 30 days after Dose 1) **OR** (Measles (Rubella) titer (blood test showing immunity)

- Tdap for whooping cough (Adacel and Boostrix):
  Immunized on ____/_____/_____

- Varicella or evidence of chicken pox written form from health care professional*:*
  Immunized on ___/____/_____ *or had disease on* ___/____/_____

- Meningococcal (Menactra) Immunized on _____/_____/_____

- HEPATITIS B: Immunized on_____/_____/_____ *(must have started HEP B series, if you have a full series, please submit immunization records)*

- TUBERCULOSIS*
  QuantiFERON blood test given on___/____/____ with the following results: _____

**Tuberculosis QuantiFERON/IGRA must be done within 5 (five) months prior to enrolling at Thomas More University. If starting in August, you should have the blood test done no earlier than March. If enrolling in January, blood test should be done no earlier than August. TB positive results will require a follow-up chest x-ray. All results must have the physician's signature and be sent to Thomas More University.*

OPTIONAL IMMUNIZATION INFORMATION: Please indicate the date (MM/DD/YYYY) that you received the following vaccinations. It is recommended that you receive these immunizations before entering the United States.

- POLIO: Immunized on _____/_____/_____ and _____/_____/_____ and _____/_____/_____ and _____/_____/____
- HEPATITIS A: Immunized on_____/_____/_____and _____/_____/_____
- PNEUMOCCAL: Immunized on_____/_____/_____
- COVID-19: Immunized on_____/_____/_____ and ____/____/_____

SIGNATURE OF DOCTOR: _____
This form will not be accepted without a doctor's stamped credentials

Please stamp or seal document here