



THOMAS MORE UNIVERSITY

Return All Forms to:

Thomas More University International Admissions
333 Thomas More Parkway, Crestview Hills, Kentucky 41017-3495 USA
Email: admissions@thomasmore.edu www.thomasmore.edu/admissions

Phone: 859-344-3332

INSTRUCTIONS 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 have a physician's signature or stamp.

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

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 school 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
PNEUMOCOCCAL: 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