

Return All Forms to: Thomas More University International Admissions 333 Thomas More Parkway Crestview Hills, Kentucky 41017-3495 USA Phone: 859-344-3332/Toll-Free Phone: 800-825-4557/ Fax: 859-344-3636 Email: <u>admissions@thomasmore.edu</u> www.thomasmore.edu/admissions

INSTUCTIONS TO APPLICANT: In order to create your Form I-20, Thomas More University International Admissions must receive proof of immunization for Measles, Mumps, Rubella, and Tetanus-Diphtheria, and a Tuberculosis skin test. Please complete and submit the following information <u>in addition</u> to a copy of your immunization record that shows the date administered **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:_____ Country of Birth:_____

Date of Birth (month/day/year):___/___ 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: Immunized on ____/___Must have received Tetanus-Diphtheria immunization within last 10 years in order to receive 1-20
- Varicella or evidence of chicken pox written form from health care professional: Immunized on ___/___/
- Meningococcal: Immunized on ____/____/_____
- ✤ TUBERCULOSIS SKIN TEST

Tuberculosis skin test given on___/___ with the following results: _____mm

Skin test must be done within 3 months of enrolling at Thomas More University. If starting in August, you should have the skin test done starting in May. TB skin test results 10mm or greater require a follow-up chest x-ray; all results with the physician's signature and date should be sent to Thomas More University. Tuberculin (TB) testing will be done at Thomas More University Health Center upon your arrival. Chest x-rays are done if you test positive for TB. Bacille Calmette-Guerin (BCG) is NOT required.

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 ____ and ____/ and ____/
- HEPATITIS A: Immunized on____/____and ____/____
- PNEUMOCCAL: Immunized on ____/ ____/
- HEPATITIS B: Immunized on____/___/

SIGNATURE OF DOCTOR:_____