



IMPORTANT: COMPLETION OF THIS FORM, FRONT AND BACK, IS NECESSARY TO COMPLY IN ORDER TO BE ADMITTED TO THE UNITED STATES AND MOUNTAIN STATE UNIVERSITY

This form must be completed and submitted at least three (3) weeks prior to registration.

PART 1 – TO BE COMPLETED BY THE STUDENT (*Please Print*) Expected Date/Semester _____

	(Last (Family) Name)			First Name			Middle		
Date of Birth				Home Phone					

To attend Mountain State University:

- o Complete the Screening Health History (*See Section A below*)
- o Show proof of Immunity to Measles (2 shots requires) and Rubella (1 Shot Required) (*See part II – Mandatory*)

Section A: Screening Health History	STUDENT SIGNATURE
Please Note: You will need to submit a copy of this health screening to Mountain State University before an I-20 can be processed. Please complete the following statement, sign your name, and date this entry.	
Do you have any significant, on-going health problems or concerns of which you want Mountain State University and the International Student Services to be aware of: _____ Yes _____ No	
If Yes, Please comment: _____ _____	
Signature: _____ Date: _____	

Section B: Health Insurance

Please provide copies of Medical Coverage that the student will be covered under. Remember that Medical Health Insurance is a requirement as part of your admittance into the United States and Mountain State University. If you do not currently have Medical Coverage the University has access Medical Coverage plans that the student can sign up for.

Section C: Medical Consent if Under 18 Years of Old

**Parent/Guardian Signature
Required if Student is Under 18**

Medical Consent (For Students under 18): I HEREBY AUTHORIZE Mountain State University to employee diagnostic procedures and to render any treatment or medical, surgical, psychological, or psychiatric care deemed necessary to the health and well being of my child. I grant permission for the transfer of my child to an accredited hospital or other care facility it deemed necessary by the medical or mental health provider.

Signature of Parent or Guardian _____ Date: _____

This MUST BE COMPLETED and SIGNED by a Health Care Provider. TAKE THIS FORM WITH YOU WHEN YOU GET YOUR IMMUNIZATIONS UPDATED OR OBTAIN DOCUMENTATION FOR EXEMPTION.

PART II – IMMUNIZATION DOCUMENTATION

Name _____
Date of Birth _____ Country _____ Date _____
MM/DD/YYYY

MMR COMBINED (Measles, Mumps, and Rubella) Two doses will fulfill Requirements.

_____ 1st dose at 12 months of age or later and 1968 or later
MM/DD/YYYY

_____ 2nd dose received at least 30 days after 1st dose and 1985 or later.
MM/DD/YYYY

MEASLES (Rubeola): Two does required if you were born after December 31, 1956

_____ 1st dose at 12 months of age or later and 1968 or later
MM/DD/YYYY

_____ 2nd dose received at least 30 days after 1st dose and 1985 or later.
MM/DD/YYYY

AND

MUMPS: One dose recommended (Not Mandatory)

_____ Received at 12 months of age or later
MM/DD/YYYY

AND

RUBELLA (German Measles): One dose required if you were born after December 31, 1956.

_____ Received at 12 months of age AND in 1969 or later
MM/DD/YYYY

TUBERCULOSIS (PPD test by Mantoux): Within the past year. REQUIRED for ALL International Students and most Health Science Students.

Placed Read Results mm Negative Positive **If Positive PPD chest X Ray**
 results from X-ray
TETANUS/DIPHTHERIA: MENOM UNE: Meningitis vaccine

The next two immunizations are REQUIRED for most Health Science Students. (Check with your department.)

HEPTATITIS B: Series of three doses. Recommended for all students.

#1 #2 #3

CHICKENPOX (Varicella): Recommended for all students.

Varivax #1 #2 Titer Date/Result _____
H x of Disease/Date

Name of Public Health Clinic or Physician Physician or Authorized Signature Date
(Office Stamp)