USCB International Student Immunization Requirements

Section I - Information and Instructions

The University of South Carolina Beaufort requires all international students born after December 31, 1956, to furnish proof of receiving two doses of measles (rubeola) and one dose of German measles (rubella) vaccine after their 1st birthday prior to registration for classes.

Proof of immunity requires documentation of one of the following:

1. Receiving two measles and one German measles (MR or MMR vaccine) shot after 1967 and 1st birthday. This reflects newly updated 1989 measles immunization requirement.
2. Positive serum titer (blood antibody) to measles and German measles, or
3. Physician-diagnosed measles illness plus meeting one of the above criteria for German measles. History of German measles illness does not meet requirements.

Please complete the following form and return it with your application to:

Aaron Marterer, Registrar
University of South Carolina Beaufort
1 University Boulevard
Bluffton, SC 29909 USA
Telephone: (843)521-4102
Fax: (843) 521-4194
marterer@sc.edu

Required Immunization Information

Applicant for: Fall ____ Spring ____ Summer ____ Year _____

Name of student: _____

Social Security number (if available): _____

Date of birth: _____ Male ____ Female ____

Telephone: _____ Email: _____

____ I have been vaccinated for both measles and German measles. A photocopy of my immunization information is attached. (Copy must be legible, in English and with no modifications.)

____ My immunization information, certified by a licensed health professional, is listed below.

Certification

1. MEASLES (Rubeola) date of immunization: #1 _____ #2 _____ or date of disease: _____ date of positive serum titer: _____
2. GERMAN MEASLES (Rubella) Date of immunization: _____ or date of positive serum titer: _____. History of disease is not acceptable.
3. (MMR includes Measles, Mumps and Rubella) Date of immunization: _____.

I certify that the above is correct:

Doctor's signature: _____ Date: _____

Doctor's address or stamp: _____

All international students must comply with the tuberculosis requirements in Section A of this form. Section B vaccines are recommended, but not mandatory.

Section A – Mandatory tuberculosis requirements

A PPD test (Mantoux) within the past 12 months is required, regardless of prior BCG inoculation. The tine test or the monovac test is not acceptable. Students with a positive PPD test are required to have a chest x-ray examination.

1. BCG inoculation status: _____ Received BCG ____ month ____ year
   _____ No BCG inoculation
2. Date of PPD test: ____ month ____ year
3. PPD test results: ____ mm induration /// _____ Neg. _____ Pos.
   If PPD test is positive, chest x-ray is required.
   Date of x-ray examination: _____ month ____ year
   X-ray examination results: _____ Neg. _____ Pos.

Section B – Vaccines that are recommended but not mandatory

1. Mumps: Immunity is shown by meeting one of the following:
   a. Immunized by live vaccine at 12 months after birth or later.
      Date of vaccination: _____ day _____ month _____ year
   b. Positive immune titer.
      Date of titer: _____ day _____ month _____ year
   c. Disease confirmed by Doctor's records.
      Date of disease: _____ day _____ month _____ year
2. Tetanus-Diptheria: Basic series or last booster must have been within the last ten years.
   a. Completed primary series: _____ yes _____ no
   b. Last booster: _____ month _____ year
3. Polio: Completed primary series: _____ yes _____ no
   a. Date of last booster: _____ month _____ year
   b. Type of vaccine: _____ live (OPV) _____ inactive (IVP) _____ enhanced potency (EP-IPV)

I certify that the above additional information is correct:

Doctor's signature: _____ Date: _____

Doctor's address or stamp: _____

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