

# NNU CHINESE STUDENT IMMUNIZATION RECORD

# FORM 7B

Northwest Nazarene University **REQUIRES** the following five immunizations or screenings for all international students. In addition, we encourage students to also have the immunizations listed in the "Recommended" section.

**You may submit a copy of your immunization record;** OR  
You may have your health care provider complete this form.

If documentation of immunization is not available, or if a blood test indicates that you are NOT immune, you must be re-immunized. History of diseases is not acceptable documentation of immunity. Please include copies of laboratory reports, if titers are done.

OFFICE USE ONLY	
NNU ID#	_____
Session:	FA SP Year _____
Status:	FR TR FRSP

*Northwest Nazarene University admits students of any race, color, national or ethnic origin.*

<b>Student's Name</b>	<b>Birth Date (mm/dd/yyyy)</b>
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## REQUIRED IMMUNIZATIONS FOR INTERNATIONAL STUDENTS

**1 MMR – Measles, Mumps, Rubella** (Two doses required or a blood titer to show immunity to the disease)

Immunization Dates	Lab test proving immunity (attach lab reports)
<input type="checkbox"/> MMR Dose #1: Date (Must be given after first birthday)	Measles <input type="checkbox"/> Immune – titer value Date
<input type="checkbox"/> MMR Dose #2: Date (At least one month after first dose)	Mumps <input type="checkbox"/> Immune – titer value Date
OR	Rubella <input type="checkbox"/> Immune – titer value Date

**2 TETANUS-DIPHTHERIA-PERTUSSIS (TD or TDAP)**  
(Recommended one-time dose of TDAP if at least 2-5 years since last TD. Must be given within last 10 years.)

<input type="checkbox"/> TDAP <input type="checkbox"/> TD	Date
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**3 MENINGITIS**

<input type="checkbox"/> Meningitis Vaccine: Date
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**4 POLIO**

<input type="checkbox"/> Student had 4 doses of IPV in childhood	Date of last dose:	
OR		
<input type="checkbox"/> Student had no doses of IPV in childhood, three doses needed:		
IPV Dose #1: Date	IPV Dose #2: Date (1-2 months after Dose #1)	IPV Dose #3: Date (6-12 months after Dose #2)

**5 Tuberculosis Screening**

1. PPD (Mantoux) within the past 6 months	Result:	Date:
2. If PPD is positive (10mm or greater), chest X-ray required.	X-Ray results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
3. If previously treated for TB, please submit copied of medical records indicating treatment		

## RECOMMENDED IMMUNIZATIONS

<b>HEPATITIS B</b>	Dose #1: Date	Dose #2: Date	Dose #3: Date
<b>VARICELLA-CHICKEN POX</b>	Dose #1: Date	Dose #2: Date	

(Immunization policies are consistent with CDC recommendations. For additional information, please see [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).)

## HEALTH CARE PROVIDER

Please review the requirements, administer the needed immunizations, and sign below to validate.

Health Care Provider (please print)	
Phone	Fax
Address	
Health Care Provider's Signature	

Please complete and return to: NNU Office of Admissions, 623 S. University Blvd., Nampa, ID 83686  
Fax: (208) 467-8645 • Phone: (877) NNU-4YOU or (208) 467-8000 • Email: [admissions@nnu.edu](mailto:admissions@nnu.edu)

NORTHWEST NAZARENE UNIVERSITY



Office of Admissions

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[love.nnu.edu](http://love.nnu.edu)