

# 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.

Student's Name

Birth Date (mm/dd/yyyy)

## REQUIRED IMMUNIZATIONS FOR INTERNATIONAL STUDENTS

### 1 MMR – Measles 麻疹, 风疹, 包虫病, Mumps 腮腺炎, Rubella 风疹 (Two doses required or a blood titer to show immunity to the disease)

Immunization Dates

Lab test proving immunity (attach lab reports)

MMR Dose #1: Date (Must be given after first birthday)

Measles  Immune – titer value Date

MMR Dose #2: Date (At least one month after first dose)

OR

Mumps  Immune – titer value Date

Rubella  Immune – titer value Date

### 2 TETANUS-DIPHTHERIA-PERTUSSIS (TD or TDAP) 破伤风

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

TDAP  TD Date

### 3 MENINGITIS 脑膜炎

Meningitis Vaccine: Date

### 4 POLIO 小儿麻痹症

Student had 4 doses of IPV in childhood Date of last dose:

OR

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 肺结核筛查

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:  Normal  Abnormal

3. If previously treated for TB, please submit copied of medical records indicating treatment

## RECOMMENDED IMMUNIZATIONS

**HEPATITIS B 乙型肝炎** Dose #1: Date Dose #2: Date Dose #3: Date

**VARICELLA-CHICKEN POX 水痘** 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.

请按照要求给予免疫接种然后医生签名证实

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)

FORM 7B

IMMUNIZATION RECORD 13-14

NORTHWEST NAZARENE  
UNIVERSITY



Office of Admissions

623 S. University Boulevard  
Nampa, Idaho 83686-5897

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