

# Medical Provider Form

Name \_\_\_\_\_  
(print) Last First Middle

10-digit University ID Number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**All international students** must complete **section B**.

## SECTION A

### Measles, Mumps, Rubella (MMR)

Students born after December 31, 1956:

**This section must be completed by students who cannot provide immunization dates via the online Immunization Compliance form due to one of the following:**

1. You have immunity because you had the disease
2. You have laboratory evidence of immune titer
3. You are contraindicated to a vaccine

**Each date provided requires medical documentation or a physician's statement.**

#### Measles (Rubeola)

1. Had disease (please attach documentation of physician diagnosis), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
2. Has laboratory evidence of immune titer (attach documentation), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
3. Contraindicated to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end of contraindication, OR \_\_\_\_\_ / \_\_\_\_\_  
month year

#### Mumps

1. Had disease (please attach documentation of physician diagnosis), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
2. Has laboratory evidence of immune titer (attach documentation), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
3. Contraindicated to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end of contraindication. \_\_\_\_\_ / \_\_\_\_\_  
month year

#### Rubella (German Measles)

1. Had disease (please attach documentation of physician diagnosis), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
2. Has laboratory evidence of immune titer (attach documentation), OR \_\_\_\_\_ / \_\_\_\_\_  
month year
3. Contraindicated to vaccine; attach physician statement indicating type of contraindication (e.g., allergy to eggs, pregnancy, reaction to vaccine, etc.) and anticipated date of end of contraindication. \_\_\_\_\_ / \_\_\_\_\_  
month year

## SECTION B

### Tuberculosis (TB) Testing

This section is **REQUIRED** to be completed by **all international students**. (It does not need to be completed by US citizens or US permanent residents.)

Attach medical documentation that you have been tested for tuberculosis (TB) **in the United States**. The documentation must include the date of the skin test or chest xray and the results of the test. Testing may be scheduled at the IU Health Center once you arrive on campus.