



Immunization Form for International College Students

In accordance with the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunizations and Testing for Communicable Diseases for Students Entering Colleges or Universities (R23-I-IMM/COL), the following student populations must complete and return this form.

- All incoming full-time students in any program of study must complete section A and have section B completed and signed by a licensed health care provider with the exception of high school records or VA records. Students in a health care field of study should refer to immunization forms provided by their department.
- NOTE: Titers are available through East Side Lab for a discounted rate. You must contact CCRI's Health Services nurse for a lab slip at 401-825-2103.
- International students are required to have a 2-part PPD test.

Part A: Personal Student Information:

Date: _____		CCRI ID*: _____	
Student's name: _____		Date of birth: _____	
Last, First, MI		MM/DD/YY	
Telephone number: _____		Email address: _____	
Program of study: _____		Part time <input type="checkbox"/>	Full time <input type="checkbox"/>
Campus: _____			

*A Social Security number also can be used but a CCRI ID is preferred. Don't know your CCRI ID number? It can be found printed on a bill or a class schedule, in your MYCCRI account, or by contacting Enrollment Services.

Part B: Immunization Information – All information is REQUIRED.

Please note that students carrying less than 12 credits do not need to submit this form. Any student who cannot access childhood records can have titers done at a discounted rate. Please contact the CCRI nurse for more information.

Was titer done?
Acceptable in place of vaccine dates if unable to obtain immunization records.

MMR	1 st dose	MM/DD/YY	2 nd dose	MM/DD/YY			<input type="checkbox"/> Attach lab work
Hepatitis B	1 st dose	MM/DD/YY	2 nd dose	MM/DD/YY	3 rd dose	MM/DD/YY	<input type="checkbox"/> Attach lab work
OR HEP B (Hepilisav)	1 st dose	MM/DD/YY	2 nd dose	MM/DD/YY			<input type="checkbox"/> Attach lab work
Varicella (Chicken Pox)	1 st dose	MM/DD/YY	2 nd dose	MM/DD/YY			<input type="checkbox"/> Attach lab work
Covid-19	1 nd dose	MM/DD/YY	2 nd dose	MM/DD/YY	Booster #1:	MM/DD/YY	

Upload Covid-19 information by going to MYCCRI using login credentials, click For Students tab to verify vaccination.

Tdap	Date:	MM/DD/YY				
PPD	1 st test	MM/DD/YY	Result: _____ mm	2 nd test	MM/DD/YY	Result: _____ mm

*Please note, the optimal interval between the first and second dose is 1-3 weeks, the maximum allowable is 364 days.

OR IGRA	MM/DD/YY	Result: Positive	Negative	<input type="checkbox"/> Attach lab work
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Meningitis	1 st dose	MM/DD/YY	Strongly recommended under age 22.	2 nd dose	MM/DD/YY	If 1 st dose given prior to age 16.
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Meningitis B	1 st dose	MM/DD/YY	Strongly recommended under age 22	2 nd dose	MM/DD/YY	If 1 st dose given prior to age 16
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Health Care Provider signature _____ Date: _____
Telephone _____

Please return all forms to:
CCRI Health Services, Room 1240
Angela Marshall, RN
400 East Avenue
Warwick, RI 02886
(401) 825-2103 FAX (401) 825-1077
nurse@ccri.edu

Please note that if you have graduated from a Rhode Island high school within the past five years, you should be able to obtain a copy of your immunizations from that high school.