



Immunization Form for International College Students

the Rhode Island Department of Health's Rules and Regulations Pertaining to Immunizations and Testing for Communicable Diseases for Students Entering Colleges or Universities (R23-1-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: Titters 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 and Student Information

Date: _____ CCRI ID*: _____

Student's name: _____ Date of birth: _____
Last, First, MI MM/DD/YY

Phone number: _____ Email address: _____

Program of study: _____ Part time Full time Campus: _____

* A Social Security number also can be used but a CCRI ID is preferred. Don't know your CCRI ID number? You can find it 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 titters 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
Varicella (Chicken Pox)	1 st dose	_____ MM/DD/YY	2 nd dose	_____ MM/DD/YY		<input type="checkbox"/> Attach lab work
Tdap	Date:	_____ MM/DD/YY				
PPD	1 st dose	_____ MM/DD/YY	Result: (circle one) Positive/Negative: Reading Value: _____mm			
	2 nd dose	_____ MM/DD/YY	Result: (circle one) Positive/Negative: Reading Value: _____mm			
*Please note, the optimal interval between the first and second dose is 1-3 weeks, the maximum allowable is 364 days.						

Meningitis 1st dose _____ Strongly recommended 2nd dose _____ If 1st dose given prior
MM/DD/YY under age 22. MM/DD/YY to age 16.

Health Care Provider signature _____ **Date** _____ Please return all forms to:

Phone _____

CCRI Health Services, Room 1240
Angela Marshall, RN
400 East Ave.
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.