



# 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 (R23-1-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:** 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.

<b>MMR</b>	1 <sup>st</sup> dose	<u>MM/DD/YY</u>	2 <sup>nd</sup> dose	<u>MM/DD/YY</u>		<input type="checkbox"/> Attach lab work
<b>Hepatitis B</b>	1 <sup>st</sup> dose	<u>MM/DD/YY</u>	2 <sup>nd</sup> dose	<u>MM/DD/YY</u>	3 <sup>rd</sup> dose	<u>MM/DD/YY</u> <input type="checkbox"/> Attach lab work
<b>OR HEP B</b> (Hepelisav)	1 <sup>st</sup> dose	<u>MM/DD/YY</u>	2 <sup>nd</sup> dose	<u>MM/DD/YY</u>		<input type="checkbox"/> Attach lab work
<b>Varicella</b> (Chicken Pox)	1 <sup>st</sup> dose	<u>MM/DD/YY</u>	2 <sup>nd</sup> dose	<u>MM/DD/YY</u>		<input type="checkbox"/> Attach lab work
<b>Tdap</b>	Date:	<u>MM/DD/YY</u>				
<b>PPD</b>	1 <sup>st</sup> test	<u>MM/DD/YY</u>	Result: _____ mm	2 <sup>nd</sup> test	<u>MM/DD/YY</u>	Result: _____ mm
*Please note, the optimal interval between the first and second dose is 1-3 weeks, the maximum allowable is 364 days.						
<b>OR IGRA</b>		<u>MM/DD/YY</u>	Result: (circle one) Positive/Negative (Include lab slip)			

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

**Meningitis B** 1<sup>st</sup> dose MM/DD/YY Strongly recommended under age 22. 2<sup>nd</sup> dose MM/DD/YY If 1<sup>st</sup> dose given prior to age 16

**COVID-19 Please go to your MyCCRI account > Verify My Vaccination to upload your vaccination documentation for verification.**

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](mailto: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.