



# REQUIRED MEDICAL INFORMATION

Please fax or email this form and any required medical reports **BEFORE** you come to Lewis & Clark.  
Fax: 503-768-7167  
Email: health @lclark.edu

Family Name:

Given Name:

Date:

Your height:

Your weight :

Your Lewis & Clark ID Number:

Your Date of Birth: d\_\_\_\_/m\_\_\_\_/y\_\_\_\_

Your Country:

## 1. Two measles vaccinations are **REQUIRED** for everyone after their first birthday.

- Enter the dates of you had two doses of MMR (Measles, Mumps and Rubella) vaccine.

First Vaccination: d\_\_\_\_/ m\_\_\_\_/y\_\_\_\_

Second Vaccination: d\_\_\_\_/ m\_\_\_\_/y\_\_\_\_

**OR**

- You may take a measles titer blood test.

Date of blood test. Date: d\_\_\_\_/m\_\_\_\_/y\_\_\_\_ (Attach the laboratory report in English.)

Note: For additional options and information see: [https://www.lclark.edu/offices/student\\_health\\_services/new\\_student/](https://www.lclark.edu/offices/student_health_services/new_student/)

## 2. A Tuberculosis (TB) test is **REQUIRED** if:

- You were born in a country with a high incidence of TB. (These countries are listed here: [https://www.acha.org/documents/resources/guidelines/ACHA\\_Tuberculosis\\_Screening.pdf](https://www.acha.org/documents/resources/guidelines/ACHA_Tuberculosis_Screening.pdf).)
- **OR**, if you lived in or traveled to a country with a high incidence of TB disease in the last five years.

- You may take an IGRA blood test such as Quantiferon (QFT) or T-Spot.

Date of blood test: d\_\_\_\_/ m\_\_\_\_/y\_\_\_\_ (Attach the lab report in English/)

**OR**

- You may have a chest X-Ray.

Date of X-Ray: d\_\_\_\_/m\_\_\_\_/y\_\_\_\_ (Attach the laboratory report in English).

I certify that all the information given on this form is true to the best of my knowledge.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_