**Montana Tech**
**GRADUATE SCHOOL**

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# International Student Health Form

(Please complete this form in English)

**Student's Name**: ____________________________________________
(Last or Family Name) (First) (Middle)

**Mailing Address:** ____________________________________________

____________________________________________

**Telephone #:** ______________________ **Date of Birth:** ______________
(Month/Day/Year)

## Emergency Contact Information

**Name:** ______________________ **Relationship:** ______________

**Address:** ______________________ **Telephone #:** ______________

______________________ **Fax #:** ______________

______________________ **E-Mail:** ______________

## To be completed by Physician

**Immunizations** (*Required by Montana State Law*):

Minimums:

Diphtheria and Tetanus (DT) last immunization after 4th birthday)
2 Doses–Measles/Mumps/Rubella (MMR) after 1st birthday
1–Tuberculosis Skin Test (Within 12 months of requested admission term)

(Please indicate Month/Day/Year (MM/DD/YY) for school audit purposes)

| Completed | Dose 1 | Dose 2 |
|---|---|---|
| DT | __________ | |
| MMR | __________ | __________ |

**TB Test** **Date:** ______________ **Result:** **(Circle One)** **Negative** **Positive**

**Physician' Name (Printed in English):** ______________________________

**Physician's Address:** ______________________ **Telephone #:** ______________

______________________ **Fax #:** ______________

**Physician's Signature:** ______________________________ **Date:** ______________