

Return immunization document to:

NDSU Student Health Service  
1707 Centennial Boulevard  
P.O. Box 5313, Fargo, ND 58105  
Fax (701) 231-6132  
Phone (701) 231-6366



|                                |                            |
|--------------------------------|----------------------------|
| <b>OFFICE USE</b>              |                            |
| Student ID _____               |                            |
| MMR 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Comments _____                 |                            |
| _____                          |                            |

|                     |                      |                       |                       |                      |                    |                     |                          |
|---------------------|----------------------|-----------------------|-----------------------|----------------------|--------------------|---------------------|--------------------------|
| <b>NAME</b>         |                      |                       |                       | <b>Birth Date</b>    |                    |                     | <b>Student ID Number</b> |
| _____               | _____                | _____                 | _____                 | ____/____/____       | ____               | ____                | _____                    |
| <small>Last</small> | <small>First</small> | <small>Middle</small> | <small>Former</small> | <small>month</small> | <small>day</small> | <small>year</small> |                          |

# Immunization Documentation and Tuberculosis Screening — REQUIRED — Measles, Mumps, and Rubella

All information must be in English

North Dakota State Board of Higher Education requires verification of two (2) measles, mumps, and rubella (MMR) immunizations or immune titers **PRIOR TO REGISTRATION** for **ALL** students born after 12/31/56.

**SOURCES** of immunization records may be obtained from your physician, public health clinic, high school, college, or military records.

**Note:** Transfer students must request immunization records be sent to NDSU Student Health Service.

**MEASLES  
MUMPS  
RUBELLA**

| <b>Date of 1<sup>st</sup> (MMR)</b><br><i>measles, mumps, rubella immunizations must have been given on or after the first birthday</i> |      |      |  |
|---|------|------|--|
| month   | date | year |  |
| month   | date | year |  |
| month   | date | year |  |

AND

| <b>Date of 2<sup>nd</sup> (MMR)</b><br><i>measles, mumps, rubella immunization</i> |      |      |  |
|--|------|------|--|
| month  | date | year |  |
| month  | date | year |  |
| month  | date | year |  |

- OR -

**MEASLES  
MUMPS  
RUBELLA**

| <b>Date of TITER</b><br><i>Written evidence of laboratory blood tests showing immunity to measles, mumps and rubella is acceptable. Attach written proof or record of test results and dates in boxes below.</i> |      |      |
|--|------|------|
| month  | date | year |
| month  | date | year |
| month  | date | year |

**Required signature by Health Care Provider** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Care Provider name, title and address (please print) \_\_\_\_\_

### Immunization Exemptions

**1. Medical Exemption**

I certify that it would be harmful to this student's health to be immunized against measles, mumps, and rubella.

Check one:  Permanent exemption  Temporary exemption – Date to be released \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's address \_\_\_\_\_

**2. Religious/Philosophical/Moral Belief**

Students requesting exemption due to their religious, philosophical or moral beliefs may obtain a separate form from NDSU Student Health Service to be completed and notarized.

**3. My birthdate is prior to January 1, 1957**

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's signature \_\_\_\_\_