

Return immunization document to:

NDSU Student Health Service
NDSU Dept. 5150
P.O. Box 6050, Fargo, ND 58108-6050
Fax (701) 231-6132
Phone (701) 231-6366



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

NAME				Birth Date			Student ID Number
_____	_____	_____	_____	____/____/____	____	____	_____
<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**

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

AND

Date of 2nd (MMR) <small>measles, mumps, rubella immunization</small>			
month	date	year	
month	date	year	
month	date	year	

- OR -

**MEASLES
MUMPS
RUBELLA**

Date of TITER <small>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.</small>		
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 _____