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

Student ID_____
Term of Enter_____
MMR 1 ❑ 2 ❑
Comments_____
_____
OFFICE USE

Name				**Birth Date**	**Student ID** or **Social Security No.**
Last	**First**	**Middle**	**Former**		

(Social Security No. is voluntary: used for tracking purposes)

— REQUIRED —

Measles, Mumps, and Rubella Immunization Documentation

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.

	Date of 1st (MMR) *measles, mumps, rubella immunizations must have been given on or after the first birthday*				Date of 2nd (MMR) *measles, mumps, rubella immunization*		
MEASLES	month	date	year	**AND**	month	date	year
MUMPS	month	date	year		month	date	year
RUBELLA	month	date	year		month	date	year

– OR –

	Date of TITER *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.*		
MEASLES	month	date	year
MUMPS	month	date	year
RUBELLA	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, philsophical 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_____