



# Immunization Record for Students Attending Postsecondary Schools

Name  (Last)                      (First)                      (M.I.)	Birth  (Month)                      (Date)                      (Year)
Current Address  (Street)                      (Apt.#)                      (City)                      (State or Province)                      (Postal Code)	
Permanent Address  (Street)                      (Apt.#)                      (City)                      (State or Province)                      (Postal Code)	

The state board of higher education requires proof of immunity to measles, mumps and rubella prior to registration in a North Dakota University System institution. Immunity can be proven by the following:

- A. Presenting evidence of two doses of measles, mumps and rubella vaccine no less than one month apart from a licensed physician or authorized representative of a state or local health department.
- B. Presenting proof of a positive titre test for measles and rubella, or
- C. Presenting proof of date of birth prior to 1957.

	Mo/Day/Year	Mo/Day/Year
Measles (rubeola, red measles) <small>Required</small>		
Mumps <small>Required</small>		
Rubella (German measles) <small>Required</small>		
Tentanus and Diphtheria (Td)/Tdap (Tetanus, diphtheria and pertussis (most recent) (optional)		
Tuberculosis (TB) negative test <small>Required for international students.</small>		

Effective fall, 2012, newly admitted students ages 21 and younger residing in campus housing must provide documentation of immunity against meningococcal disease. All applicants for admission who will be 21 or younger in fall, 2012 are encouraged to provide the following information regarding any meningitis or meningococcal vaccinations such as: MCV4, MPSCA4, or Menactra.

	Mo/Day/Year	Mo/Day/Year
Meningococcal or Meningitis <small>Required</small>		

I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by North Dakota law.

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 Healthcare provider verifying signature \_\_\_\_\_ Date \_\_\_\_\_

Optional Medical Exemption: Students wishing to file an exemption to any or all of the required Immunization must complete the following:

The student named above does not have one or more of the required immunizations because he/she has (check all that apply):

- a medical problem that precludes the \_\_\_\_\_ vaccine(s)
- not been immunized because of a history of \_\_\_\_\_ disease
- laboratory evidence of immunity against \_\_\_\_\_

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

Optional Conscientious exemption: I hereby declare that immunization against measles, mumps, or rubella is contrary to my conscientiously held beliefs.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_