

Name <i>(Family, First, Middle)</i>	Permanent Address <i>(Street, Apt., & PO Box)</i>
Birth date <i>(month, day, year)</i>	City, ST or Province, Postal Code
Country of Birth	Country of Citizenship

The North Dakota State Board of Higher Education requires proof of immunity to measles, mumps, and rubella prior to registration in a North Dakota University System institution. The following can prove immunity:

- 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. Provide proof of a date of birth prior to 1957

FOR THE PHYSICIAN or HEALTH CARE PROFESSIONAL

Description	Month / Day / Year	Month / Day / Year
Diphtheria and Tetanus (Td) (most recent within ten years)		
Measles (rubeola, red measles)		
Mumps		
Rubella (German measles)		
Tuberculosis (TB) negative test		

"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."

X _____
Student Signature

Date signed

X _____
Health care provider's verifying signature

Date signed

OPTIONAL MEDICAL EXEMPTION: Students who wish to be exempt from any or all of the required immunizations must complete the following:

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

- _____ has a medical problem that precludes the _____ vaccine(s).
- _____ has a history of _____ disease(s).
- _____ has laboratory evidence of immunity against _____.

X _____
Physician's signature

Date signed

OPTIONAL CONSCIENTIOUS EXEMPTION: I hereby certify by notarization that immunization against (measles, mumps or rubella) is contrary to my conscientiously held beliefs.

X _____
Student Signature

Date signed

CONFIDENTIAL MEDICAL RECORDS WILL BE MAINTAINED IN THE WELLNESS COORDINATOR'S FILES