## Immunization Record for Student Attending Postsecondary Schools

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Birth</th>
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</thead>
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**Date of Birth**

<table>
<thead>
<tr>
<th>Current Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Apt. #</td>
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<table>
<thead>
<tr>
<th>Permanent Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Apt. #</td>
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</tbody>
</table>

Two MMR immunizations are REQUIRED for admission. Most international students (except Canadians) must have current TB (Mantoux) test results completed upon arriving on campus.

### Measles-Mumps-Rubella (MMR)

- **Date of MMR #1**
- **AND Date of MMR #2**
- **OR**
- **Date of TITRE**
- **Date of Disease Per Physician Records**

<table>
<thead>
<tr>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>OR</td>
<td></td>
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</tbody>
</table>

### Tetanus and Diphtheria Immunization

(Td)/Tdap (Tetanus, diphtheria and pertussis (most recent) (optional)

### Tuberculosis (TB) test results

(certified date)

*Required for international students

### Meningitis Immunization

(certified date)

*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 information regarding any meningitis or meningococcal vaccinations such as: MCV4, MPSCA4, or Menactra.

**Signature of Physician or Authorized Health Representative**

Date

**Warning to Student:** Students found forging signatures or providing other false information will be subject to disciplinary proceedings. Do not send original immunization records because all Student Health Services records are purged after seven years.

### Immunization Exceptions:

1. All students born prior to Jan. 1 1957 are exempt from the MMR vaccine.
2. Medical exemptions. I certify that it would be harmful to this student’s health to be immunized against measles, mumps and rubella and/or Meningococcal (meningitis) (Check one) Temporary ____ Permanent ____. If temporary, please indicate when it would be possible for the student to receive immunization.

**Signature of Physician or Authorized Health Representative**

Date

**Optional conscientious exemption:**

I hereby declare that immunization against measles, mumps, or rubella and/or Meningococcal (meningitis) is contrary to my conscientiously held beliefs.

**Signature of Student**

Date

Return form to: Admissions Office, 330 Third Street NE, Mayville, ND 58257-1299