Immunization Record for Student Attending Postsecondary Schools

Name ___________________________ Date of Birth ___________________________

Current Address

Street ___________________________ Apt. # ___________________________ City ___________________________
State or Province ___________________________ Postal Code ___________________________

Permanent Address

Street ___________________________ Apt. # ___________________________ City ___________________________
State or Province ___________________________ Postal Code ___________________________

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 ___________
(Must be given after first birthday)  (Must be at least 28 days after first MMR)

OR  Date of TITRE ___________________________ Date of Disease Per Physician Records ___________________________

Measles ___________________________ Mumps ___________________________ Rubella ___________________________

OR  Date of TITRE ___________________________ Date of Disease Per Physician Records ___________________________

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 Date of MCV4 #1 ___________ Date of MCV4 #2 ___________
*All students ages 21 and under must provide documentation of immunity against meningococcal disease. Vaccination must be AFTER 16th birthday.
(Please note: Meningitis-B does not meet this requirement.)

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.

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 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

Updated 5/2021