

Return immunization document to:

NDSU Student Health Service  
NDSU Dept. 5150  
P.O. Box 6050, Fargo, ND 58108-6050  
Fax (701) 231-6132  
Phone (701) 231-6366



<b>OFFICE USE</b>	
Student ID _____	
MMR 1 <input type="checkbox"/>	2 <input type="checkbox"/>
Comments _____	
_____	

<b>NAME</b>				<b>Birth Date</b>			<b>Student ID Number</b>
_____	_____	_____	_____	____/____/____	____	____	_____
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Former</small>	<small>month</small>	<small>day</small>	<small>year</small>	

# — REQUIRED — Measles, Mumps, and Rubella

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 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 from outside the North Dakota University System must request immunization records be sent to NDSU Student Health Service.

**MEASLES  
MUMPS  
RUBELLA**

<b>Date of 1<sup>st</sup> (MMR)</b> <small>measles, mumps, rubella immunizations must have been given on or after the first birthday</small>			
month	date	year	
month	date	year	
month	date	year	

AND

<b>Date of 2<sup>nd</sup> (MMR)</b> <small>measles, mumps, rubella immunization</small>			
month	date	year	
month	date	year	
month	date	year	

— OR —

**MEASLES  
MUMPS  
RUBELLA**

<b>Date of TITER</b> <small>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.</small>			
month	date	year	
month	date	year	
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, philosophical 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 \_\_\_\_\_