Immunization Exemption Request Form

The North Dakota State Board of Higher Education requires proof of immunity against measles, mumps, rubella (MMR) and meningococcal ACWY disease (meningitis) prior to enrollment at any North Dakota state college or university.

Please complete the appropriate section below regarding your exemption request. Exemptions will not be approved until this form is completed, signed and is received by NDSU Student Health Service.

For more information, visit www.ndsu.edu/studenthealthservice, call 701-231-7331 or email ndsu.immunizations@ndsu.edu.

STUDENT INFORMATION

Name: ____________________________________________________________
(First name         middle initial         last name)                                                                                                   Former name

Date of Birth: _______ NDSU Student ID # _____________ Phone #: _______________________
(Month/Day/Year) 

EXEMPTION TYPE

❑ Belief Exemption
❑ MMR  ❑ Meningitis

❑ Medical Exemption
❑ MMR  ❑ Meningitis

SUBMIT DOCUMENTATION

Student Health Portal       Email                                 Fax
www.ndsu.edu/studenthealthservice ndsu.immunizations@ndsu.edu 701-231-6132

REQUIRED STUDENT SIGNATURE

I understand that requesting this exemption does carry risk. In the event of an outbreak of a communicable disease in which immunization is required (see website for required immunizations), Student Health Service staff and/or the local public health officer will determine exclusions from campus and campus activities until the danger of the epidemic is over.

By signing this form, you are accepting the conditions of this exemption.

Student signature: ____________________________ Date: _______________