

## 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](http://www.ndsu.edu/studenthealthservice), call 701-231-7331 or email [ndsu.immunizations@ndsu.edu](mailto: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

**OR**

**Medical Exemption**

MMR  Meningitis

### SUBMIT DOCUMENTATION

**Student Health Portal**

[www.ndsu.edu/studenthealthservice](http://www.ndsu.edu/studenthealthservice)

**Email**

[ndsu.immunizations@ndsu.edu](mailto:ndsu.immunizations@ndsu.edu)

**Fax**

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: \_\_\_\_\_