Immunization Documentation

In accordance with North Dakota State University policy, the following immunization documentation is required. For more information on immunizations, visit www.ndsu.edu/studenthealthservice or call 701-231-7331.

**DEADLINES:** This documentation must be submitted by Aug. 1 for the fall semester, by Jan. 1 for the spring semester, and May 1 for summer session.

- **DOCUMENTATION MUST BE SUBMITTED IN ENGLISH**
- **MUST LIST DATE OF EACH IMMUNIZATION**

Possible resources for students to locate copies of immunization documentation include:

- State immunization registry
- Primary care providers
- High school transcripts
- Military records

**REQUIRED INFORMATION**

Name ____________________________
Last First Middle Initial Former

Birthdate __________ Month/Day/Year
NDSU ID# ____________________________ Phone# ____________________________

**SUBMIT YOUR DOCUMENTATION**

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

---

**MEASLES, MUMPS, RUBELLA (MMR) // Two doses OR proof of TITER**

| MMR #1 (Must be given on or after first birthday) | TITER RESULTS |
| Month ______ Day ______ Year ______ | Laboratory blood test results showing immunity to measles, mumps, and rubella is acceptable. |
| MMR #2 (Must be given at least 28 days after first MMR) | You must attach each lab (titer) result which needs to include the date and value. |
| Month ______ Day ______ Year ______ |

**MENINGOCOCCAL VACCINATION (Please note Meningitis-B does not meet this requirement)**

Are you 21 years of age or younger?

☐ Yes

All students ages 21 and under must provide documentation of immunity against meningococcal disease. Vaccination must be **AFTER** 16th birthday.

☐ No

This requirement does not apply to students 22 years of age and older.

**TUBERCULOSIS (TB)**

Have you traveled or lived in a country outside of the United States for more than 30 days?

☐ Yes □ No

Countries ____________________________

---

**REQUIRED HEALTH CARE INFORMATION (This section must be completed or the form will NOT be accepted)**

Health Care Professional’s printed name: ____________________________

Health Care Professional’s signature: ____________________________

Date: ________ Facility name/location: ____________________________

North Dakota State University does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, physical and mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation or status as a U.S. Veteran. Direct inquiries to the Vice Provost for Faculty and Equity, 201 Old Main, (701) 231-7708, or to the Title IX/ADA Coordinator, 102 Old Main, (701) 231-6409.