



IMMUNIZATION VERIFICATION FORM

Return form to: NDSCS Student Health Services, 800 Sixth Street North, Wahpeton, ND 58076, or fax to 701-671- 2356. For questions, call 701-671-2286.

Name: _____

Date of birth: _____ Student ID Number: _____ First Term Enrolled: _____

Requirements for college admission: (Students born prior to 1/1/57 are exempt)

- **Proof of two MMR immunizations or a titer for MMR immunity.**
- **A meningococcal (meningitis) vaccination received after age 16 is required if the student is age 21 or younger.**
- **TB testing is required of International students from all countries except those classified by U.S. Health officials as “low risk for tuberculosis.”**

Measles-Mumps-Rubella (MMR):

Date of MMR #1 _____ Date of MMR #2 _____

OR

Date of Positive Titer: Measles _____ Mumps _____ Rubella _____

Meningitis (Date of last one): _____

Signature of authorized health care provider:

_____ Date: _____

Facility: _____ **HCP ID/License Number:** _____

Immunization Exemptions:

I certify that it would be harmful to this student’s health to be immunized against (please indicate) _____measles, mumps and rubella, _____meningitis.

This is a _____ temporary exemption _____ permanent exemption. If temporary, please indicate when it would be possible for the student to receive immunization: _____

Signature of authorized health care provider:

_____ Date: _____

Facility: _____ **HCP ID/License Number:** _____

- *Students found forging signatures or providing false information can be subject to disciplinary proceedings.*
- *Students requesting exemption due to their religious, philosophical or moral beliefs may fill out and sign a separate form available from Student Health Services.*