

IMMUNIZATION DOCUMENTATION

In accordance with North Dakota State College of Science policy, the following immunization documentation is required. For more information on immunizations, visit **NDSCS.edu/HealthServices** or call 701-671-2286.

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 _____ NDSCS ID # _____ Phone _____
Month/Day/Year

SUBMIT YOUR DOCUMENTATION

MAIL NDSCS Student Health Services 800 6th Street North Wahpeton, ND 58076
EMAIL NDSCS.StudentHealth@ndscs.edu
FAX 701-671-2356

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

MMR #1 (Must be given on or after first birthday)
Month _____ Day _____ Year _____
MMR #2 (Must be at least 28 days after first MMR)
Month _____ Day _____ Year _____

TITER Results
Laboratory blood test results showing immunity to measles, mumps and rubella is acceptable. You must attach each lab (titer) result which needs to include the date and value.

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

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

Last Meningitis Vaccination Date Month _____ Day _____ Year _____

TUBERCULOSIS (TB)

Have you traveled or lived in a country outside the United states for more than 30 days? Yes No

Countries _____ Date of Return to U.S. _____

If travel was to a country classified by U.S. Health Officials as high risk for TB, attach two step mantoux testing or a chest X-ray indicating no active disease.

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

Health Care Provider's Printed Name _____
Health Care Provider's Signature _____
Date _____ Facility Name/Location _____