IMMUNIZATION EXEMPTION REQUEST FORM

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

Please complete the appropriate section below regarding your exemption request. Your immunization requirement will not be considered fulfilled until this completed form is received by NDSCS Student Health Services. For questions call 701-671-2286.

In the event of an outbreak of a communicable disease in which immunization is required, it may be determined that exclusion from college and college activities may be recommended/required by NDSCS Student Health Services or local Public Health Officer until the danger of the epidemic is over. By signing this form, you are accepting the conditions of this exemption.

Name ___________________________________________ Signature ________________________________

(First name, middle initial, last name – please print)

Birthdate ________________ NDSCS ID # ________________

Month/Day/Year

MEDICAL EXEMPTION

Students requesting a medical immunization exemption must have a Health Care Provider complete this section.

I certify that it would be harmful to this student’s health to be immunized against:

_____ Measles, Mumps, Rubella     _____ Meningitis

This is a _____ Permanent Exemption     _____ Temporary Exemption      Date of Release ____________________

Health Care Provider’s Printed Name______________________________________________________________

Health Care Provider’s Signature _______________________________ Date ____________________

Facility ______________________________________________________________________________________

BELIEF EXEMPTION

I have gone over the risks of not being immunized with a Health Care Provider.

I certify that immunization against _____ Measles, Mumps, Rubella     _____ Meningitis

is contrary to my conscientious and/or religious beliefs.

Signature _______________________________ Date ____________________

SUBMIT YOUR DOCUMENTATION

MAIL
NDSCS Student Health Services
800 6th Street North
Wahpeton, ND 58076

EMAIL
NDSCS.StudentHealth@ndscs.edu

FAX
701-671-2356