

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

SUBMIT YOUR DOCUMENTATION

MAIL

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

EMAIL

NDSCS.StudentHealth@ndscs.edu

FAX

701-671-2356

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 _____