



**Immunization Compliance Form**

North Dakota State Board of Higher Education requires verification of two (2) measles, mumps, and rubella (MMR) immunizations or immune titers for **ALL** students attending Minot State University. With the exception of distance education courses (online, correspondence, or an off-campus site) and students born before January 1<sup>st</sup>, 1957. Effective fall 2017 **all Students 21 years and younger attending classes on campus must provide documentation of one (1) dose of meningococcal vaccine administered after age 16.**

**READ THE INSTRUCTIONS CAREFULLY AND RETURN THIS AND ANY OTHER IMMUNIZATION DOCUMENTATION TO:**

MSU Student Health Center, 500 University Ave W, Minot, ND 58707 Fax: 701-858-3997 Phone 701-858-3371

Last Name	First Name	Middle Initial	Birthdate ____/____/____ Month/Day/Year	Age
Maiden/Former Name (if applicable)		Comments:	Student ID#:	

**Step #1** Exemptions to the NDUS policy for MMR and Meningococcal vaccination. Please check all that apply, sign and return this document to the Student Health Center or Fax at 701-858-3997. **If none of these apply to you, proceed to Step 2 and 3.**

- I am enrolled in distance education courses only.
- My birthdate is **before** January 1<sup>st</sup>, 1957.
- I adhere to a belief (religious, philosophical, moral) that is opposed to immunizations.

I understand, should I attend classes on campus in the future, the requirement to produce proof of immunization will apply, and I will be required to provide these documents.

**X** \_\_\_\_\_  
Student Signature Date

**Step #2 Meningococcal Conjugate Vaccine (MCV4).** If you are 21 years and younger and attend classes on campus, attach a certified immunization record to this sheet showing proof of one dose of meningococcal conjugate vaccine administered after 16<sup>th</sup> birthday **OR** have your health care provider fill in the date of meningococcal conjugate vaccination and have provider sign below. **Proceed to step #3.**

**Meningococcal Conjugate Vaccine** \_\_\_\_\_  
Month/Date/Year

**Step #3 Measles, Mumps and Rubella.** If you take any classes on campus, attach a certified immunization record to this sheet showing proof of two MMR vaccinations or titers **OR** have your provider fill in the measles, mumps and rubella (MMR) vaccination or titer dates and have provider sign below.

<b>Measles</b>	#1 _____ month/day/year	#2 _____ month/day/year	<b>OR</b> If you have had titers (a blood draw to prove immunity).  <i>Documentation must be attached if this form is not signed by a health care provider.</i>	Measles	Titer results and date _____ month/day/year
	#1 _____ month/day/year	#2 _____ month/day/year		Mumps	Titer results and date _____ month/day/year
	#1 _____ month/day/year	#2 _____ month/day/year		Rubella	Titer results and date _____ month/day/year

**HEALTH CARE PROVIDER IMMUNIZATION EXCEPTIONS**

- Immunization is contraindicated for this student by illness, pregnancy, allergies, or other medical reasons.

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider Name, Title and Address:** \_\_\_\_\_