

# REQUIRED IMMUNIZATION FORM

**THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION**

**Return to:**

Student Health Services  
Northern State University  
1200 South Jay Street  
Aberdeen, SD 57401  
1-605-626-7694  
FAX # 1-605-626-3399

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SOC SEC# \_\_\_\_\_  
Last First MI Month Day Year

ADDRESS \_\_\_\_\_  
Street City State Zip Code

PHONE \_\_\_\_\_

**NOTE: Two (2) MMR's or Three (3) Titters are required**

Two (2) Measles, Mumps, and Rubella (MMR) immunizations **OR** immune titers (Rubeola, Mumps and Rubella) are required for college admission. **Vaccination information is to be completed and signed by a health care provider and/or attach a copy of your vaccination record to this form.**

Date of first Measles, Mumps, Rubella Immunization

Date of second Measles, Mumps, Rubella Immunization

MMR 1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

MMR 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**OR TITERS**

*Blood test for proof of immunity to Measles (Rubeola), Mumps and Rubella – **all three** required!*

Measles (Rubeola) Titer Results: \_\_\_\_\_ Date \_\_\_\_\_

Mumps Titer Results: \_\_\_\_\_ Date \_\_\_\_\_

Rubella Titer Results: \_\_\_\_\_ Date \_\_\_\_\_

**If you have had the following immunizations, please indicate the dates for each:**

**MENINGITIS**

Date \_\_\_\_\_

**TETANUS / DIPHTHERIA (DTaP or Td)**

Date \_\_\_\_\_

**HEPATITIS B SERIES**

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

Signature x \_\_\_\_\_  
**(Must be signed by the physician or nurse completing this form)**

Date \_\_\_\_\_

# IMMUNIZATION EXEMPTIONS

## 1. Medical Exemption

I certify that it would be harmful to this student's health to be immunized against measles, mumps, and rubella.

Check one: \_\_\_\_\_ Permanent Exemption

\_\_\_\_\_ Temporary Exemption – Date to be released: \_\_\_\_\_  
Month Day Year

Physician's signature x \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by Physician)

**OR**

## 2. My birthdate is prior to January 1, 1957

Date of Birth \_\_\_\_\_ Student's Signature \_\_\_\_\_  
Month Day Year

If you have any questions regarding this requirement, please call.

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

