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# XXX – XX -_____
Last First MI Month Day Year (Enter Last Four Digits)

ADDRESS _____
Street City State Zip Code

PHONE _____ **NOTE: Two (2) MMR's or Three (3) Titers 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

MMR 1 _____ / _____ / _____
Month Day Year

Date of second Measles, Mumps, Rubella Immunization

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

1st _____
2nd _____
3rd _____

Signature x _____ Date _____
(Must be signed by the physician or nurse completing this form)

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.

List Reason for Exemption: _____

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