NDSU STUDENT HEALTH SERVICE

DIVISION OF STUDENT AFFAIRS
NORTH DAKOTA STATE UNIVERSITY

Immunization Documentation

In accordance with North Dakota State University policy, the following immunization documentation is required. For more information on immunizations, visit www.ndsu.edu/studenthealthservice or call 701-231-7331.

DEADLINES: This documentation must be submitted by Aug. 1 for the fall semester, by Jan. 1 for the spring semester and May 1 for summer session.

- **DOCUMENTATION MUST BE SUBMITTED IN ENGLISH**
- **MUST LIST DATE OF EACH IMMUNIZATION**

Possible resources for students to locate copies of immunization documentation include:

- State immunization registry
- Primary care providers
- High school transcripts
- Military records

REQUIRED INFORMATION

Name ____

Last *First* *Middle initial* *Former*

Birthdate ______________ NDSU ID# ______________________ Phone# ______________________

Month/Day/Year

SUBMIT YOUR DOCUMENTATION

Online Student Health Portal:
www.ndsu.edu/studenthealthservice

Email:
ndsu.immunizations@ndsu.edu

Fax:
701-231-6132

MEASLES, MUMPS, RUBELLA (MMR) // Two doses OR proof of TITER

MMR #1 (Must be given on or after first birthday)

Month__________Day____________Year ____________

MMR #2 (Must be at least 28 days after first MMR)

Month__________Day____________Year ____________

TITER RESULTS

Laboratory blood test results showing immunity to measles, mumps and rubella is acceptable.

You must attach each lab (titer) result which needs to include the date and value.

MENINGOCOCCAL VACCINATION (Please note Meningitis-B does not meet this requirement)

Are you 21 years of age or younger?

❏ Yes All students ages 21 and under must provide documentation of immunity against meningococcal disease. Vaccination must be AFTER 16th birthday.

Meningitis Vaccination Date: Month: ________ Day: ________ Year: ________

❏ No This requirement does not apply to students 22 years of age and older.

TUBERCULOSIS (TB)

Have you traveled or lived in a country outside of the United States for more than 30 days? Yes ❏ No ❏

Countries____

REQUIRED HEALTH CARE INFORMATION (This section must be completed or the form will NOT be accepted)

Health Care Professional's printed name: ______________________________

Health Care Professional's signature: ______________________________

Date: ____________ Facility name/location: ______________________________

North Dakota State University does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, physical and mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation or status as a U.S. Veteran. Direct inquiries to the Vice Provost for Faculty and Equity, 201 Old Main, (701) 231-7708, or to the Title IX/ADA Coordinator, 102 Old Main, (701) 231-6409.