



# REQUIRED IMMUNIZATION FORM

## IMMUNIZATION REQUIREMENTS FOR REGISTRATION

Due to regulations mandated by the Board of Regents, all students, who reside on campus or receive instruction on campus, must document their immune status for measles, mumps and rubella. **"Proof of two doses of measles, mumps and rubella vaccine**, or of separate vaccinations against all three diseases, or of the presence of immune antibody titers against measles, mumps and rubella shall be required." Students who fail to provide the required, signed proof of immunization shall not be permitted to register for or to attend classes at any state institution until they are in compliance. Students born before January 1957 are exempt from providing immunization documentation.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Date Year

Soc. Sec. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

### **REQUIRED IMMUNIZATIONS** - Must be filled out and signed (below) by a Health Care Provider

**Date of 1st Measles, Mumps, Rubella Immunization**  
(Must be given after age 12 months)

**Date of 2nd Measles, Mumps, Rubella Immunization**  
(Must be given at least 30 days after 1st MMR)

**#1 MMR** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **AND #2 MMR** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### OR Separate Immunizations:

**#1 Rubella** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **AND #2 Rubella** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**#1 Rubeola** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **AND #2 Rubeola** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**#1 Mumps** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **AND #3 Mumps** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### OR Titers

**Rubella Titer Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **POSTIVE Result** \_\_\_\_\_ **Attach copy of Lab result**

**Rubeola Titer Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **POSITIVE Result** \_\_\_\_\_ **Attach copy of Lab result**

**Mumps Titer Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **POSITIVE Result** \_\_\_\_\_ **Attach copy of Lab result**

**Printed Physician Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_  
(Must be signed by a Nurse, P.A. or Physician)

**Date** \_\_\_\_\_

**Clinic Name** \_\_\_\_\_

**RETURN THIS FORM TO DSU ENROLLMENT SERVICES**  
Heston Hall, 820 N. Washington Ave, Madison SD 57042 or FAX: 605-256-5020



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## MEDICAL EXEMPTION TO IMMUNIZATION REQUIREMENT

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

Reason for Exemption: \_\_\_\_\_

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

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

Printed Physician Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by a Physician)

Clinic Name \_\_\_\_\_

## RECOMMENDED IMMUNIZATIONS (Not required for registration)

Name: \_\_\_\_\_  
Last First Middle

Tetanus-Diphtheria (Td) booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Tdap \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hepatitis B 1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Meningitis \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Varicella (Chicken Pox) Vaccine 1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OR

Chicken Pox Disease (Date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tuberculosis - PPD (Mantoux) within the last year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Results: \_\_\_\_\_