

Mandatory Immunization Record

Please complete and return to:

Student Health Clinic and Counseling Services

Box 2818, Wellness Center, South Dakota State University, Brookings, SD 57007 • (605)688-4157 • Fax(605)688-6450

A. Name: _____ Date of Birth: _____
(Print) Last First Initial Month Day Year

Mailing Address: _____ City _____ State: _____ Zip _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Student ID # _____

E-mail Address: _____

Carefully read the instructions before you complete the form.
Registration at SDSU will be blocked until this document is received and acceptable.

B. MANDATORY IMMUNIZATIONS for ALL students born after 12/31/56.

Please enter all dates as: Month/Day/Year

Date of 1st Measles, Mumps, Rubella Immunization

(Must be given after age 12 months)

1st MMR _____ / _____ / _____
Month Day Year

AND

Date of 2nd Measles, Mumps, Rubella Immunization

(Must be given at least 28 days after 1st MMR)

2nd MMR _____ / _____ / _____
Month Day Year

OR Separate Immunizations:

#1 Measles _____ / _____ / _____
#1 Mumps _____ / _____ / _____
#1 Rubella _____ / _____ / _____
Month Day Year

And
And
And

#2 Measles _____ / _____ / _____
#2 Mumps _____ / _____ / _____
#2 Rubella _____ / _____ / _____
Month Day Year

OR Titers:

Measles Titer Date _____ / _____ / _____ POSITIVE Result _____ Attach copy of Lab result
Mumps Titer Date _____ / _____ / _____ POSITIVE Result _____ Attach copy of Lab result
Rubella Titer Date _____ / _____ / _____ POSITIVE Result _____ Attach copy of Lab result
Month Day Year

C. Name and Address of Clinic or Physician

Name of Clinic or Physician and Address

Physician or Authorized Signature

Date

If you have a record of immunizations, which must include your name and date of birth, a copy will be accepted in lieu of signature if accompanied by this form.

INSTRUCTION SHEET

Accurate and complete immunization information is required for registration at SDSU. Incomplete information may result in your registration being delayed or even blocked. Please follow these directions:

A. Name/Personal Information: Print all information *legibly*. Provide SDSU Student ID number if possible.

B. Mandatory Immunizations:

MMR (measles, mumps, rubella): Due to regulations mandated by the South Dakota Board of Regents and the South Dakota State Health Department, medically signed proof of TWO properly administered (first dose on or after 1st birthday) immunizations OR immune titers for measles (rubeola), mumps and rubella are required for all new, readmitted and transferred students of all state institutions. Official documentation from a physician's office, Department of Health, high school or other university is acceptable. Individual shot records may be used if the injections were signed or initialed by a doctor or nurse. If you have only one immunization, the required second immunization may be administered not less than one month after the first immunization. Students who fail to provide the required proof of immunization will be REFUSED REGISTRATION and WILL NOT BE ABLE TO ATTEND CLASSES until in compliance. NOTE: Students who have a medical reason for not receiving one or both doses of the MMR vaccine must complete the Exemption Request for Immunization Requirement and have it signed by a physician or health care provider.

C. Name and Address of Clinic or Physician:

A physician's office, clinic or health department name and address AND official signature must be included for this document to be completed and approved, unless verifiable copies of vaccination records are attached to the completed form.

Exemption Information

Students who are exempt from providing this information include:

- Students born before January 1, 1957. No exemption form is required.
- Students who are taking courses off campus, such as on-line, correspondence or through DDN. No exemption form is required.
- Students who have had prior collegiate course work (initiated prior to July 1, 2008) in the state of South Dakota are exempt from compliance. No exemption form is required.
- Students who are registered for only one credit bearing class are exempt from compliance. No exemption form is required.
- Students who have medical reasons. Exemption form IS required.
- Students who adhere to a religious doctrine whose teachings are opposed to such tests and immunizations. Exemption form IS required.

Any student who wishes to apply for exemptions for medical or religious reasons must complete the Exemption Request for Immunization Requirement form along with the Required Immunization Record form. By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the South Dakota Department of Health declares the existence of a measles, mumps or rubella outbreak at the university. This exclusion shall remain in effect for such time as determined by the South Dakota Department of Health.

Mail or fax the one page "Mandatory Immunization Record" along with any required documentation such as lab reports, copies of vaccination records, or exemption request form at least **two weeks prior to your registration** to:

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Box 2818, Wellness Center
Brookings, South Dakota 57007
Phone: 605-688-4157

FAX: 605-688-6450

<http://studentaffairs.sdstate.edu/HealthandCounseling/index.html>