

# IMMUNIZATION FORM

Prior to registration return to:

**Dean of Students Office**

**Surbeck Center**

South Dakota School of Mines & Technology

501 E. Saint Joseph Street

Rapid City, SD 57701-3995

FAX: 605-394-6721 PHONE: 605-394-2416

## IMMUNIZATION REQUIREMENTS FOR REGISTRATION

Due to regulations mandated by the South Dakota Board of Regents and the State Health Department, medically signed proof of **TWO** properly administered immunizations **OR** immune titers for Measles (Rubeola) and Rubella are now required for all new, readmit and transfer students at all State Institutions born after January 1, 1957. Although not required, the Meningococcal Vaccination is strongly encouraged.

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 Students who fail to provide the required proof of immunization will be **REFUSED REGISTRATION and WITHDRAWN FROM CLASSES** until in compliance. **Upon completion of the immunization requirements, return this form to the Dean of Students Office - see the above contact information.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last  
First Middle mm dd yy

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

Sex: \_\_\_ Male \_\_\_ Female Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Student ID (if known) \_\_\_\_\_ Closest Relative: \_\_\_\_\_

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

## IMMUNIZATION RECORD

### First Immunization

Administered on 1<sup>st</sup> birthday or later

(Immunization prior to 1<sup>st</sup> birthday is not acceptable.)

Month Day Year

MMR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Measles (Rubeola) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Second Immunization

Administered 30 days or more after the first immunization.

Month Day Year

MMR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Measles (Rubeola) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OR**

Mumps Titer; Results: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubeola Titer; Results: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubella Titer; Results: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Meningococcal Vaccine (Date) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Must be signed by Physician or Nurse)

## MEDICAL EXEMPTION TO IMMUNIZATION REQUIREMENT

The physical condition of the above-named student is such that the required immunizations would endanger life or health.

Reason for exemption: \_\_\_\_\_

Check one: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary (Date to be released \_\_\_\_\_)

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_