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: 605-394-2914 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 Students who fail to provide the required proof of immunization will be REFUSED REGISTRATION and WITHDRAWN FROM CLASSES until in compliance.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 1st birthday or later
(Immunization prior to 1st 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 __/__/____

10/9/2013