



**SOUTH
DAKOTA
MINES**

IMMUNIZATION INSTRUCTION SHEET

Dean of Students Office

South Dakota Mines • 501 E. Saint Joseph Street • Rapid City, SD 57701-3995
deanofstudents@sdsmt.edu • 605-394-2416 • FAX: 605-394-6721

Carefully read the instruction sheet before you complete the form.

Accurate and complete immunization information is required for registration at South Dakota Mines.
Incomplete information may result in your registration being delayed or even blocked.
Please follow these directions to fill out the form.

1) Name/Personal Information

Fill out the form electronically or print all information legibly. Provide your student ID number if possible.

2) Mandatory Immunizations

MMR (measles, mumps, rubella): 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), mumps, and rubella are now required for all new, readmitted and transferred students at all state institutions born on or after January 1, 1957. 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 Students who fail to provide the required proof of immunization will be **WITHDRAWN FROM CLASSES 45 CALENDAR DAYS AFTER THE START OF CLASSES.**

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 (M.D. or D.O.).

3) Name & Address of Clinic or Physician

A physician's office 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 MMR information include (No forms required.):

- Students born before 01/01/1957
- Students not taking any in-person classes, such as on-line, correspondence, or through DDN.

Students who are medically or religiously exempt (Form required.):

- Any student who wishes to apply for exemptions for medical or religious reasons must complete the Exemption Request for Immunization Requirement form. State law does not allow for philosophical objections. The Exemption form can be found at the following link. [Immunization Requirements \(sdsmt.edu\)](https://www.sdsmt.edu/immunization-requirements)

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.

Email, Mail, or Fax the one page Mandatory Immunization Form along with any vaccination records or lab reports to the address at the top of the form.



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MANDATORY IMMUNIZATION FORM

Please remit this form prior to registration by email, mail or fax to:

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Carefully read the instruction sheet before you complete this form.

1) Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Birth Date: ____/____/____ Cell Phone: (____) _____
Month Day Year

Student ID (if known): _____ Email Address: _____

2) MANDATORY IMMUNIZATION for ALL students born on or after January 1, 1957.

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

Date of 2nd Measles, Mumps, Rubella Immunization
(Must be given at least 28 days after 1st MMR.)

1st MMR ____/____/____
Month Day Year

AND

2nd MMR ____/____/____
Month Day Year

OR Separate Immunizations:

#1 Measles ____/____/____

AND

#2 Measles ____/____/____

#1 Mumps ____/____/____

AND

#2 Mumps ____/____/____

#1 Rubella ____/____/____

AND

#2 Rubella ____/____/____

Month Day Year

Month Day Year

OR Titers (A laboratory test that measures the presence and amount of antibodies in the blood.):

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

Meningococcal Vaccines A & B (not required, but recommended)

Men A 1st Dose ____/____/____

Men B 1st Dose ____/____/____

2nd Dose ____/____/____
Month Day Year

2nd Dose ____/____/____
Month Day Year

3) Name & Address of Clinic or Physician

(Copies of Vaccination Records are accepted in place of an authorized signature as long as the records include your name, date of birth and source of the information AND are accompanied by this form.)

Name of Clinic or Physician & Address

Physician (MD/DO) or Authorized Signature

Date

Printed Name of Physician (MD/DO) or Authorized Individual

Updated 4/2/2025