Accurate and complete immunization information is required for registration at UND.

Do Not Delay! Obtaining proof of immunization may be a time-consuming process, so start now. Incomplete information may result in your form being returned to you and your registration being delayed or blocked.

Return completed forms to Student Health Services as soon as reasonably possible

Please retain a copy of your immunization records for your personal record

- **NAME/ADDRESS, ETC.:** Print all information legibly. All information fields in this section are required. All information must be documented in English.

- **VERIFICATION OF IMMUNIZATIONS:** A copy of your immunization records must be attached to Immunizations and TB Screening Form (#170).

- **MANDATORY IMMUNIZATIONS:**
  
  **MMR:** All students born after 1956 are required to provide documentation of two (2) administered doses of Measles, Mumps, and Rubella or provide documentation of titers proving immunity to each disease. UND will accept official copies of immunization records issued by local health departments, physician offices or school records. The first dose must have been given after your first birthday and the second dose must be at least a month apart from the first dose.

  **Meningococcal (Menactra or Mveno):** Students 21 years of age and younger must provide documentation of vaccination against meningitis. One dose must have been given after the 16th birthday.

  **TB (Tuberculosis) Screening Questionnaire:** All students are required to fill out the Immunizations and TB Screening Form (#170) and return it to Student Health Services. Make sure that you answer all the questions. If you answer yes to any of the questions in Part B, Mantoux skin testing, a T-Spot or Quantiferon Gold blood test will need to be done and documentation of results from a physician within the United States obtained prior to starting classes. If you have tested positive in the past, documentation of a negative chest x-ray done in the United States will be needed. Please call for an appointment at 777-2605. If you answered “None of the following apply” then you do not need to do TB testing.

- **EXEMPTIONS:** If you have medical or religious reasons for not receiving the required vaccinations, please complete the Immunization Exemptions section of this form. A physician signature is required for the Medical Exemption. Please place a check mark next to any exemptions that pertain to you.

- **RECOMMENDED IMMUNIZATIONS:**
  
  **Tetanus/Diphtheria:** 1 booster shot within the past 10 years.
  **Gardasil:** For females and males between the ages of 9-26. (3 doses)
  **Hepatitis A:** Two doses administered 6 months apart.
  **Hepatitis B:** Students in many Academic Health Programs are required to have this series. (3 doses)
  **Varicella:** History of disease or vaccination (2 doses) is acceptable.
  **Polio:** Childhood series of 4 shots. One adult dose may be needed if traveling to foreign countries.
  **Pneumococcal:** Per physician recommendation.
  **Influenza:** One dose yearly given in the fall.
**A copy of your complete immunization records must be attached**

**Mandatory Immunizations for the University of North Dakota**

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<tr>
<th>Measles</th>
<th>#1 Attach Copy</th>
<th>#2 Attach Copy</th>
<th>OR</th>
<th>Measles Titer</th>
<th>Titer results and date</th>
<th>Attach Copy of Titer Report</th>
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<th>Mumps Titer</th>
<th>Titer results and date</th>
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<tr>
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<th>#1 Attach Copy</th>
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<th>OR</th>
<th>Rubella Titer</th>
<th>Titer results and date</th>
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</table>

**Meningococcal Vaccination (Menactra or Menveo)**

One dose must be after the 16th birthday

Students 21 years of age or younger.

**Immunization Exemptions**

**Medical Exemption**

I certify that it would be harmful to this student’s health to be immunized against: ________________________________

Check one:  ☐ Permanent exemption  ☐ Temporary exemption – Date to be released: ________________________________

Physician’s signature ______________________ Date: ______________________

Physician’s address ________________________________

☐ I am only enrolling in distance education courses (online, correspondence, or an off-campus site).

☐ I adhere to a belief (philosophical or moral) that is opposed to immunizations.

☐ My birthdate is prior to January 1, 1957.

☐ I will be 22 years of age when I attend UND. (meningitis vaccine exemption only)

☐ I am a NDUS employee.

PLEASE NOTE: By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the North Dakota Department of Health declares the existence of a measles, mumps, rubella or meningitis outbreak at the University. This exclusion shall remain in effect for such time as determined by the North Dakota Department of Health.

Student’s Signature ______________________ Date ______________________

Please retain a copy of your immunization records for your personal record

Please complete the back side of form
Tuberculosis (TB) Screening Documentation
ALL STUDENTS ARE REQUIRED TO FILL OUT & RETURN THIS FORM

Name: ___________________________________________ Date of Birth: ____________________

The University of North Dakota requires documentation of Tuberculosis (TB) screening within 6 months prior to or 1 semester after college entrance with a TB test for those students meeting the following criteria noted in Section B.

A. □ If none of the following apply, please check this box - You do not need TB testing.

B. Check all that apply:
□ Contact with a person known to have active tuberculosis
□ Signs or symptoms of active TB such as chronic cough, bloody sputum, fever, night sweats or weight loss
□ Healthcare worker
□ Volunteer or employee of a nursing home, prison or other residential institutions
□ History of illicit drug use
□ Have been diagnosed with a chronic medical condition that may impair your immune system:
  □ Cancer of the head and neck or lung
  □ Chronic malabsorption
  □ Chronic renal failure
  □ Diabetes mellitus
  □ Intestinal bypass or gastrectomy (stomach removal)
  □ Leukemias, lymphoma or Hodgkin’s Disease
  □ Low body weight (10% or more below ideal or BMI of 18 or less)
  □ Organ transplantation
  □ Silicosis
□ Imunosuppressed from steroid use receiving equivalent of Prednisone 15 mg/day or more for 1 month or more

□ From or have lived for 1 month in Asia, Africa, Central America, South America or Eastern Europe. This includes all countries EXCEPT for the following countries noted, which have a low prevalence of TB:
  - Albania
  - American Samoa
  - Andorra
  - Antigua and Barbuda
  - Aruba
  - Australia
  - Austria
  - Bahamas
  - Bahrain
  - Barbados
  - Belgium
  - Bermuda
  - Bon, Saint Eustatius and Saba
  - British Virgin Islands
  - Canada
  - Cayman Islands
  - Chile
  - Cook Islands
  - Costa Rica
  - Croatia
  - Cuba
  - Curacao
  - Cyprus
  - Czech Republic
  - Denmark
  - Dominica
  - Egypt
  - Finland
  - France
  - Germany
  - Greece
  - Grenada
  - Hungary
  - Iceland
  - Ireland
  - Israel
  - Italy
  - Jamaica
  - Jordan
  - Lebanon
  - Luxembourg
  - Malta
  - Monaco
  - Montserrat
  - Netherlands
  - New Caledonia
  - New Zealand
  - Niue
  - Norway
  - Oman
  - Puerto Rico
  - Saint Kitts and Nevis
  - Saint Lucia
  - Samoa
  - San Marino
  - Saudi Arabia
  - Japan
  - Korea
  - Sint Maarten (Dutch part)
  - Slovenia
  - Spain
  - Sweden
  - Switzerland
  - Syrian Arab Republic
  - The former Yugoslav Republic of Macedonia
  - Tokelau
  - Tonga
  - Turkey
  - Turks and Caicos Islands
  - United Arab Emirates
  - United Kingdom of Great Britain and Northern Ireland
  - United States of America
  - US Virgin Islands
  - Wallis and Futuna Islands
  - West Bank and Gaza Strip

If any of the above do apply, TB testing is required:

□ TB testing – Call UND Student Health at 777-2605 to schedule an appointment for testing.

Or

□ Provide documentation of TB testing done in the United States within the past 6 months by a healthcare provider. PPD Mantoux skin test and documentation in millimeters of induration or TB serology testing results. A chest x-ray performed in the US will be required for anyone with a positive test. A negative chest x-ray is not a substitute for a TB test.

Or

□ Provide documentation of prior treatment of active TB disease.