



John A. Swenson Student Health Services
McCannel Hall, Room 100
2891 2nd Avenue N., Stop 9038
Grand Forks, ND 58202-9038
Phone: 701.777.4500 Fax: 701.777.4835

Instruction Sheet for Mandatory Immunizations & TB Screening Form

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 Menveo):** 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.

Please mail completed form to: →

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Name:
 Last _____ First _____ Middle _____
Address: _____
City, State, Zip: _____
Telephone Numbers & Email:
 Home _____ Cell _____ Email: _____

Student ID Number

Birth Date
 ____/____/____
 month day year

The North Dakota State Board of Higher Education Policy #506.1 **requires** all students enrolled in a course offered for credit at any institution to provide documentation of immunity against measles, mumps, and rubella. Students age 21 and younger must provide documentation of vaccination against meningitis with one meningitis dose being given after the 16th birthday. All students must be screened for tuberculosis (TB); please complete the screening form on the back of this page. Sources of immunization records may be obtained from your physician, public health clinic, high school, college, or military records.

****A copy of your complete immunization records must be attached****

Mandatory Immunizations for the University of North Dakota

Measles	#1 Attach Copy _____ month/day/year	#2 Attach Copy _____ month/day/year	OR	Measles Titer	Titer results and date Attach Copy of Titer Report _____ month/day/year
Mumps	#1 Attach Copy _____ month/day/year	#2 Attach Copy _____ month/day/year	OR	Mumps Titer	Titer results and date Attach Copy of Titer Report _____ month/day/year
Rubella	#1 Attach Copy _____ month/day/year	#2 Attach Copy _____ month/day/year	OR	Rubella Titer	Titer results and date Attach Copy of Titer Report _____ month/day/year
Meningococcal Vaccination (Menactra or Menveo) One dose must be after the 16th birthday <i>Students 21 years of age or younger.</i>					Attach Copy (Note: Vaccination date must be after your 16th birthday) _____ month/day/year

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
 - Immunosuppressed 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	Croatia	Japan	Sint Maarten (Dutch part)
American Samoa	Cuba	Jordan	Slovakia
Andorra	Curacao	Lebanon	Slovenia
Antigua and Barbuda	Cyprus	Luxembourg	Spain
Aruba	Czech Republic	Malta	Sweden
Australia	Denmark	Monaco	Switzerland
Austria	Dominica	Montserrat	Syrian Arab Republic
Bahamas	Egypt	Netherlands	The former Yugoslav Republic of Macedonia
Bahrain	Finland	New Caledonia	Tokelau
Barbados	France	New Zealand	Tonga
Belgium	Germany	Niue	Turkey
Bermuda	Greece	Norway	Turks and Caicos Islands
Bon, Saint Eustatius and Saba	Grenada	Oman	United Arab Emirates
British Virgin Islands	Hungary	Puerto Rico	United Kingdom of Great Britain and Northern Ireland
Canada	Iceland	Saint Kitts and Nevis	United States of America
Cayman Islands	Ireland	Saint Lucia	US Virgin Islands
Chile	Israel	Samoa	Wallis and Futuna Islands
Cook Islands	Italy	San Marino	West Bank and Gaza Strip
Costa Rica	Jamaica	Saudi Arabia	

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.**