## **NXSCS** STUDENT HEALTH SERVICES

## **IMMUNIZATION EXEMPTION REQUEST FORM**

The North Dakota State Board of Higher Education requires proof of immunity against measles, mumps, rubella (MMR) and meningococcal disease (meningitis) prior to enrollment at any North Dakota state college or university.

Please complete the appropriate section below regarding your exemption request. Your immunization requirement will not be considered fulfilled until this completed form is received by NDSCS Student Health Services. For questions call 701-671-2286.

In the event of an outbreak of a communicable disease in which immunization is required, it may be determined that exclusion from college and college activities may be recommended/required by NDSCS Student Health Services or local Public Health Officer until the danger of the epidemic is over. By signing this form, you are accepting the conditions of this exemption.

Name	(First name, middle initial, last na	ame – please print)	Signature	
Birthdate	Month/Day/Year	NDSCS ID #		

## SUBMIT YOUR DOCUMENTATION

MAIL	EMAIL	FAX
NDSCS Student Health Services	NDSCS.StudentHealth@ndscs.edu	701-671-2482
800 6th Street North		
Wahpeton, ND 58076		

## **MEDICAL EXEMPTION**

Students requesting a medical immunization exemption must have a Health Care Provider complete this section.

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

\_\_\_\_ Measles, Mumps, Rubella \_\_\_\_\_ Meningitis

This is a	Permanent Exemption	Temporary Exemption	Date of Release	
Health Care F	Provider's Printed Name			
Health Care F	Provider's Signature		Date	
Facility				
BELIEF E	XEMPTION			

I have gone over the risks of not being immunized with a Health Care Provider.

I certify that immunization against \_\_\_\_\_ Measles, Mumps, Rubella \_\_\_\_\_ Meningitis is contrary to my conscientious and/or religious beliefs.

Signature \_\_\_\_\_