



# IMMUNIZATION COMPLIANCE FORM

**PRINT THIS PAGE AND SEND TO:**

Enrollment Services | Williston State College | 1410 University Avenue Williston, ND 58801  
701.774.4211 (f) | [wsc.admission@willistonstate.edu](mailto:wsc.admission@willistonstate.edu)

NAME:		
STUDENT ID NUMBER:	BIRTHDATE:	
ADDRESS:		
EMAIL:		
PHONE NUMBER:		
North Dakota State Board of Higher Education requires verification of two (2) measles, mumps, and rubella (MMR) immunizations or immune titers for all students attending Williston State College. With the exception of distance education courses (online, correspondence, or an off-campus site) and students born before January 1 <sup>st</sup> , 1957. All students 21 years of age and younger attending classes on campus must provide documentation of one (1) dose of meningococcal vaccine administered after age 16.		
If you have had a titer (a blood draw to prove immunity), please attach documentation to this form with a signature from a health care provider.	<b>Measles</b>	Titer Results and date _____ month/day/year
	<b>Mumps</b>	Titer Results and date _____ month/day/year
	<b>Rubella</b>	Titer Results and date _____ month/day/year
<b>Immunization Exemptions</b>		
<b>Medical Exemption</b> I certify that it would be harmful to this student's health to be immunized against _____		
Check one: <input type="checkbox"/> Permanent exemption <input type="checkbox"/> Temporary exemption-Date to be released: _____ month/day/year		
Physician's signature _____ Date _____		
Physician's address _____		
<input type="checkbox"/> I am only enrolling in distance education courses (online, correspondence, or an off-campus site). <input type="checkbox"/> I adhere to a belief (philosophical or moral) that is opposed to immunizations. <input type="checkbox"/> My birthdate is prior to January 1, 1957. <input type="checkbox"/> I will be 22 years of age when I attend WSC. <b>(meningitis vaccine exemption only)</b> <input type="checkbox"/> I am a NDUS employee.		
Student Signature _____ Date _____		