



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

NAME:	
STUDENT ID NUMBER:	BIRTHDATE:
ADDRESS:	
EMAIL:	
PHONE NUMBER:	
<p>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 1st, 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.</p>	

Measles	#1	#2	OR 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.	Measles	Titer Results and date
	_____	_____			_____
	month/day/year	month/day/year			month/day/year
Mumps	#1	#2		Mumps	Titer Results and date
	_____	_____			_____
month/day/year	month/day/year	month/day/year		month/day/year	
Rubella	#1	#2	Rubella	Titer Results and date	
	_____	_____		_____	
month/day/year	month/day/year	month/day/year	month/day/year		

Meningococcal Vaccination (one dose must be after the 16 th birthday) <i>Students 21 years of age or younger</i>	_____ month/day/year
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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: _____
month/day/year

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 WSC. **(meningitis vaccine exemption only)**
- I am a NDUS employee.

Student Signature _____ Date _____