

Required Immunization Record

Please complete and return to:

Student Health Clinic and Counseling Services

Box 2818, Wellness Center, South Dakota State University, Brookings, SD 57007 • (605)688-4157 • Fax (605)688-6450

A. Name: _____ Date of Birth: _____
(Print) Last First Initial Month Day Year

Mailing Address: _____ City _____ State: _____ Zip _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Student ID # _____

E-mail Address: _____

**Carefully read the instructions before you complete the form.
Registration at SDSU will be blocked until this document is received and acceptable.**

B. REQUIRED IMMUNIZATIONS for ALL students born after 12/31/56:

Please enter all dates as: Month/Day/Year

MMR (Measles, Mumps, Rubella) **two doses required**

Dates: 1. ____/____/____ 2. ____/____/____

OR individual vaccines OR positive blood titers (Attach copy of lab report for blood titers)

Measles: 1. ____/____/____ 2. ____/____/____ or Positive blood titer (date) ____/____/____

Rubella: 1. ____/____/____ 2. ____/____/____ or Positive blood titer (date) ____/____/____

Mumps: 1. ____/____/____ 2. ____/____/____ or Positive blood titer (date) ____/____/____

C. Recommended Immunizations:

1. Meningococcal Meningitis: Date: ____/____/____ Menactra or Menomune (Please circle, if known)

2. Hepatitis B: Three doses required. Dates: ____/____/____, ____/____/____, ____/____/____

3. Tetanus-Diphtheria or Tdap: Booster within last 10 years.

Date: TD ____/____/____, or Tdap ____/____/____

4. Polio: Dates: ____/____/____, ____/____/____, ____/____/____, ____/____/____

5. Varicella (Chicken Pox): History of Disease: Date: ____/____/____ OR Titer Date: ____/____/____

OR Varivax Date: ____/____/____, ____/____/____

6. Tuberculosis Skin Test (within past year): Date ____/____/____ Result: Neg____, Pos____, ____mm

If positive PPD, date of chest x-ray ____/____/____ Must send copy of chest x-ray report.

D. Name and Address of Clinic or Physician

Name of Clinic or Physician and Address Physician or Authorized Signature Date

Copies of vaccination records accepted in lieu of signature if accompanied by this form.

E. Medical Consent if under 18 years old.

Medical Consent (for students under 18): I hereby authorize SDSU Student Health Clinic and Counseling Services to employ diagnostic procedures and to render any treatment, medical or surgical care deemed necessary to the health and well being of my child. Medical treatment does not include invasive procedures or other treatments which are unusual or carry a significant risk to the patient. I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical provider.

Signature of Parent or Guardian: _____ Date: _____

INSTRUCTION SHEET

Accurate and complete immunization information is required for registration at SDSU. Incomplete information may result in your registration being delayed or even blocked. Please follow these directions:

A. Name/Personal Information: Print all information *legibly*. Provide SDSU Student ID number if possible.

B. Required Immunizations:

MMR (measles, mumps, rubella): Due to regulations mandated by the South Dakota Board of Regents and the South Dakota State Health Department, medically signed proof of TWO properly administered immunizations OR immune titers for measles (rubeola), mumps and rubella are required for all new, readmitted and transferred students of all state institutions. Official documentation from a physician's office, Department of Health, high school or other university is acceptable. Individual shot records may be used if the injections were signed or initialed by a doctor or nurse. If you have only one immunization, the required second immunization may be administered not less than one month after the first immunization. Students who fail to provide the required proof of immunization will be REFUSED REGISTRATION and WILL NOT BE ABLE TO ATTEND CLASSES until in compliance. NOTE: Students who have a medical reason for not receiving one or both doses of the MMR vaccine must complete the Exemption Request for Immunization Requirement and have it signed by a physician or health care provider.

C. Recommended Immunizations:

1. Meningitis: The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen planning to live in campus dormitories/residence halls. This group of individuals is at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but not completely eliminate a person's risk of acquiring meningococcal meningitis: Menomune and Menactra.

2. Hepatitis B: You are encouraged to receive this series. Students in many academic health programs are required to have the HBV series. Hepatitis B is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

3. Tetanus-Diphtheria: Booster shot should be within the last 10 years. Tdap (which includes pertussis) is recommended once in adult lifetime.

4. Polio: Space is provided to record this information

5. Varicella (Chicken Pox): History of disease or vaccine is acceptable. Indicate the date you had Chicken Pox, OR provide proof of two doses of Varivax, OR provide results of a blood test on a laboratory report form.

6. Tuberculosis Skin Test (PPD) by Mantoux, current within last year: Note: If both the PPD and MMR are given, they must be given on the same day for the PPD to be accurate or given 30 days apart. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" in the space provided. IF the PPD is positive, attach a copy of the chest x-ray report. **NOTE: International Students:** Tuberculosis (TB) skin testing is **required** and must be done in the US **only**. TB tests done outside of the US will **not** be accepted. This will be done at the Student Health Clinic upon arrival to SDSU.

D. Name and Address of Clinic or Physician:

A physician's office, clinic or health department name and address AND official signature must be included for this document to be completed and approved, unless verifiable copies of vaccination records are attached to the completed form.

E. Medical Consent if under 18 years old:

A signature of parent or guardian **MUST** be included here if the student is under the age of 18.

Exemption Information

Students who are exempt from providing this information include:

- Students born before January 1, 1957. No exemption form is required.
- Students who are taking courses off campus, such as on-line, correspondence or through DDN. No exemption form is required.
- Students who have had prior collegiate course work (initiated prior to July 1, 2008) in the state of South Dakota are exempt from compliance. No exemption form is required.
- Students who are registered for only one credit bearing class are exempt from compliance. No exemption form is required.
- Students who have medical reasons. Exemption form IS required.
- Students who adhere to a religious doctrine whose teachings are opposed to such tests and immunizations. Exemption form IS required.

Any student who wishes to apply for exemptions for medical or religious reasons must complete the Exemption Request for Immunization Requirement form along with the Required Immunization Record form. By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the South Dakota Department of Health declares the existence of a measles, mumps or rubella outbreak at the university. This exclusion shall remain in effect for such time as determined by the South Dakota Department of Health.

Mail or Fax the one page Required Immunization Record along with any required documentation such as lab reports, copies of vaccination records, or exemption request form at least two weeks prior to your orientation session to:

SDSU Student Health Clinic and Counseling Services
Box 2818, Wellness Center
Brookings, South Dakota 57007

FAX: 605-688-6450

Phone: 605-688-4157

<http://studentaffairs.sdstate.edu/HealthandCounseling/index.html>