



Immunization Form

If you have official immunization documentation, you may submit a copy of that in place of this form.

See reverse side for more information

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| SECTION - I | | |
| Student's Name: | Date of Birth: | MSU ID#: |
| | | |

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|--|----------------------------------|----------------------------------|----|--|
| TO BE FILLED OUT BY HEALTH CARE PROVIDER IN PLACE OF OFFICIAL DOCUMENTATION | | | | |
| SECTION - II | | REQUIRED IMMUNIZATIONS | | |
| MMR - 2 doses | Month, Day and Year of Each Dose | | | |
| 28 days apart for students born after January 1, 1957 | | | | |
| SECTION - III | | ELECTIVE IMMUNIZATIONS | | |
| | | Month, Day and Year of Each Dose | | |
| Meningococcal(MCV) ACYW- 135 | | | | |
| Meningococcal B: (<i>circle</i>) TRUMENBA - or- BEXSERO | | | | |
| Tetanus | Most Recent: | Tdap | Td | |
| Hepatitis A | | | | |
| Hepatitis B | | | | |
| Human Papillomavirus (HPV) | | | | |
| Varicella | | | | |
| Most Recent Flu Shot | | | | |
| Pneumococcal 23 (PCV) or Prevnar 13 (<i>circle</i> the one given) | | | | |
| Medical Professional's Official Name: | Office Stamp: | | | |
| | | | | |
| Medical Professional's Official Signature: | | | | |
| | | | | |
| Date Signed: | | | | |
| | | | | |

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| SECTION - IV | Submit official documentation or this form to UHP- Medical Services | | |
| Fax: 406-994-2504 | PO Box 173260 | Drop off at the front desk | |
| Email: immune@montana.edu | Bozeman, MT 59717-3260 | 100 Swingle Building at MSU | |

Please call our office with questions at 406-994-2311.



MSU REQUIRES ALL STUDENTS TO MEET THE FOLLOWING REQUIREMENTS BEFORE REGISTERING FOR CLASSES:

1. MMR (measles, mumps, and rubella)

> Students need to submit official documentation showing two MMR vaccinations that meet the following requirements:

- * Two doses started after 12 months of age
- * Must be a least 28 days between dose 1 and dose 2
- * Can be combined or individual vaccines
- * Any given before 1968 are not considered adequate
- * The second dose must be after 1980
- * Students can have titers to prove immunity to measles, mumps, and rubella in place of MMR vaccination records.

> Students born before January 1, 1957 are not required to submit documentation of MMRs

Examples of Official Documentation (Please submit one)

- * Immunization record from doctor's office
- * State certificate of immunization
- * High school transcript including immunizations
- * Military immunization record
- * Yellow immunization card
- * Childhood immunization booklet
- * Lab results of titers showing immunity to measles, mumps, and rubella
- * UHP - Medical Service immunization form to be completed by a health care provider

2. Tuberculosis Screening

> Read and complete the MSU - UHP Tuberculosis Screening Form and return it to the UHP office.

Additional information can be found on the MSU - UHP website:

www.montana.edu/health/immunization.html

MSU - UHP
PO Box 173260
Bozeman, MT 59717

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