DCB STUDENT IMMUNIZATION

The State Board of Higher education requires that all college and university students provide state institutions with proof of immunization for Measles, Mumps and Rubella (MMR). In addition, proof of immunization against Meningococcal disease is required for all newly admitted students ages 21 and younger residing in campus residence halls. **DCB accepts copies of records issued by your high school, physician/health office, present college/university or military records.**

Records are submitted to Student Services:
Fax: (701)228-5499
Mail: 105 Simrall Blvd, Bottineau, ND, 58318-1159
Email: dcb.admissions@dakotacollege.edu

IF COPIES ARE UNAVAILABLE, PLEASE COMPLETE THE APPROPRIATE ITEMS BELOW.

- The following must be signed by a licensed physician or authorized representative of a state or local health department.
- Check the appropriate statement and provide the required information and signature.

Student's Name: _____

Date of Birth: _____/_____/_____

PROOF OF MEASLES MUMPS RUBELLA (MMR) IMMUNIZATION:

☐ Student has had 2 doses of measles, mumps and rubella vaccine administered no less than one month apart.

Date of first dose_____/_____/_____Date of second dose_____/_____/_____

☐ Student has documentation of titers proving immunity to each disease.

☐ Student was born prior to 1957.

PROOF OF MENINGOCOCCAL IMMUNIZATION (STUDENTS IN RESIDENCE HALLS ONLY):

Check one:

☐ Received one dose following 16th birthday (Date vaccine received: _____/_____/_____)

☐ Will not be living in Campus Housing

☐ Will be age 22 when attending DCB

EXEMPTIONS:

☐ Immunization is contraindicated by illness, pregnancy, allergies, or other medical condition.

☐ Has had one immunization (Date :_____/_____/_____) and agrees to have a second one no less than one month later (MMR only).

SIGNATURE OF PHYSICIAN OR AUTHORIZED HEALTH OFFICIAL: I certify the statement checked reflects this student's immunization status.

Physician signature date

Physician name (please print) Physician address (city/state) phone number

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