

Required Immunization Health History Form

Required for you to proceed with class registration at USD. Please Print.

SANFORD

Vermillion

Name: _____ Date of Birth: ____ / ____ / ____
Last First Initial Month Day Year

Social Security Number: XXX - XX- _____ Student I.D. # _____ Phone: _____

E-mail Address: _____ @ _____

Address: _____
Street City State Zip

1. Immunization Required for ALL Students Born after 01/01/1957 * Required by South Dakota State Law

1. MMR (Measles/Mumps/Rubella)

Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____
Month Day Year Month Day Year

2. Measles (Rubeola)

Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____

Mumps

Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____

Rubella

Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____
Month Day Year Month Day Year

3. Lab titers showing immunity

*attach a copy of lab results

Measles Titer/Date ____ / ____ / ____

Mumps Titer/Date ____ / ____ / ____

Rubella Titer/Date ____ / ____ / ____
Month Day Year

OR

Recommended for ALL Students entering USD

Menactra or Menuomune (for Meningococcal Meningitis)

Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____ Declined Vaccination Date: ____ / ____ / ____
Month Day Year Month Day Year Month Day Year

Hepatitis B

Dose: 1 ____ / ____ / ____ Declined Vaccination Date: ____ / ____ / ____
Month Day Year Month Day Year

Dose: 2 ____ / ____ / ____
Month Day Year

Dose: 3 ____ / ____ / ____
Month Day Year

Recommended Test or Immunizations (not mandatory)

Tuberculosis Skin Test PPD (Mantoux)

Result: Neg ____ Pos ____ Date: ____ / ____ / ____ Chest Xray Result: Normal ____ Abnormal ____ Date: ____ / ____ / ____
Month Day Year Month Day Year Month Day Year

Varicella (Chicken Pox)

History of Disease: ____ / ____ / ____ or Titer Date ____ / ____ / ____ OR Varivax Dose: 1 ____ / ____ / ____ Dose: 2 ____ / ____ / ____
Month Day Year Month Day Year Month Day Year Month Day Year

Tetanus/Diphtheria Date: ____ / ____ / ____ Circle type of vaccination Td TDap
Month Day Year

2. Name of Clinic or Physician & Address *Copies of vaccination records accepted in place of signature if accompanied by this form

Name of Clinic or Physician

Physician or Authorized Signature

Date

Address: _____
Street City State Zip

3. Medical Consent if Under 18 years old

Medical Consent (for students under 18): I hereby authorize Sanford Health Vermillion Clinic & USD Student Health 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: _____

Mail, fax or e-mail at least two (2) weeks prior to registration to:

Sanford Health Vermillion Clinic/USD Student Health • 20 S. Plum Street • Vermillion, SD 57069
usd.edu/shs • Phone: (605) 677.3700 • Fax: (605) 312-9017 • Student.Health@usd.edu

Important! Do Not Delay!

**Immunization Form REQUIRED for you
to proceed with Class Registration at USD**

MMRs Required by South Dakota State Law

Due to regulations mandated by South Dakota State Law, South Dakota Board of Regents and the State Health Department ALL students whatever their classification or status, must have medically signed proof of TWO properly administered immunizations OR immune titers for Measles (Rubeola), Rubella and Mumps. These are required for all new, readmitted and transferred students of all State Institutions. If you only have 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 immunizations will be REFUSED REGISTRATION and will not be able to attend classes until in compliance.

1. USD will accept the official copies of immunization records issued by local health departments, physician offices, and schools, in conjunction with completing this form.
2. The Advisory Committee on Immunization Practices (ACIP) has recommended that college freshmen living in residence halls receive the vaccine for meningococcal meningitis. The Menactra vaccine and any other needed immunizations are available at Student Health at a discount for incoming students. See usd.edu/shs for current prices.

Exemption Information

Students who are exempt from providing MMR information include (No form required):

- Students born before 01/01/1957
- Students who are taking courses off campus, such as on-line, correspondence, or through DDN.

Students who are medically and religiously exempt (Form required):

- Any student who wishes to apply for exemptions for medical or religious reasons must fill out an exemption form along with the mandatory immunization form. An exemption form is available for download at usd.edu/shs

Sanford Health Vermillion Clinic
USD Student Health
20 S Plum St
Vermillion, SD 57069
(605) 677-3700
Fax (605) 312-9017
Student.Health@usd.edu

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