



Immunization Form to be completed by healthcare provider if you *do not* have official record

See reverse side for more information

SECTION - I		
Student's Name:	Date of Birth:	MSU ID#:
		-0

TO BE FILLED OUT BY HEALTH CARE PROVIDER IN PLACE OF OFFICIAL DOCUMENTATION

SECTION - II REQUIRED IMMUNIZATIONS

MMR - 2 doses 28 days apart for students born after January 1, 1957	Month, Day and Year of Each Dose		

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				
COVID - 19 (please indicate your brand)				Brand name:

Medical Professional's Official Name:	Office Stamp:
Medical Professional's Official Signature:	
Date Signed:	

SECTION - IV	Submit official documentation or this form to SHP - 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

****Documentation must include student's full name and date of birth****

2. Tuberculosis Screening

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

Ph: 406-994-2311

Fax: 406-994-2504

Email: immune@montana.edu

www.montana.edu/health/immunization.html

PO Box 173260

Bozeman, MT 59717