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

### SECTION - I

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Birth:</th>
<th>MSU ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### SECTION - II

#### REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>MMR - 2 doses</th>
<th>Month, Day and Year of Each Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 days apart for students born after January 1, 1957</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION - III

#### ELECTIVE IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Month, Day and Year of Each Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal(ACYW) 135</td>
</tr>
<tr>
<td>Meningococcal B: circle TRUMENBA or BEXSERO</td>
</tr>
<tr>
<td>Tetanus Most Recent: Tdap Td</td>
</tr>
<tr>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
</tr>
<tr>
<td>Varicella</td>
</tr>
<tr>
<td>Most Recent Flu Shot</td>
</tr>
<tr>
<td>Pneumococcal 23 (PCV) or Prevnar 13 (circle the one given)</td>
</tr>
</tbody>
</table>

Medical Professional's Official Name:

Office Stamp:

Medical Professional's Official Signature:

Date Signed:

### 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 at 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 Telephone: (406) 994-2311
PO Box 173260 Fax: (406) 994-2504
Bozeman, MT 59717 E-mail: immune@montana.edu