



# MSU-UNIVERSITY HEALTH PARTNERS IMMUNIZATION FORM

MSU-UHP  
 PO Box 173260  
 Bozeman, MT 59717-3260

Telephone: (406) 994-2311  
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University Health Partners

### SECTION - I

Student's Name:	Date of Birth:	Student ID#:
Address:	Phone Number:	Parent name:

### SECTION - II

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

### SECTION - III

Elective immunizations	Month, Day and Year of Each Dose				
	1	2	3	4	5
Meningococcal(MCV) ACYW- 135					
Meningococcal B					
Tetanus, Most Recent (circle which one) Tdap or Td					
Hepatitis A					
Hepatitis B					
Human Papillomavirus (HPV)					
Varicella					
Last Flu Shot					
Pneumococcal 23 (PCV) or Prevnar 13 (circle the one given)					

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

Medical Professional's Official Name:	<b>Office Stamp:</b>
Medical Professional's Official Signature:	
Date Signed:	



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](http://www.montana.edu/health/immunization.html)

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