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

**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>-0</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>Vaccination</th>
<th>Doses</th>
<th>Month, Day and Year of Each Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28 days apart for students born after January 1, 1957</td>
</tr>
</tbody>
</table>

#### SECTION - III

**ELECTIVE IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Month, Day and Year of Each Dose</th>
<th>Brand name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal (MCV) ACYW- 135</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B: <em>(circle)</em> TRUMENBA - or- BEXSERO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>Most Recent: Tdap Td</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Recent Flu Shot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID - 19 (please indicate your brand)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Professional's Official Name:**

**Medical Professional's Official Signature:**

**Date Signed:**

**Office Stamp:**

### 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
- **Box:** Bozeman, MT 59717-3260
- **Building:** 100 Swingle Building at MSU

**Please call our office with questions at 406-994-2311.**

Rev. 7/2022
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

   **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  www.montana.edu/healthy/immunization.html
Fax: 406-994-2504  PO Box 173260
Email: immune@montana.edu  Bozeman, MT 59717