

SECTION 1: Your Information

Name:

Medical Services

Date of Birth (MM/DD/YYYY) MSU ID Number (Cat card number)

950 W Grant St P.O. Box 173260 Bozeman, MT 59717-3180 www.montana.edu/health 406-994-2311

Immunization Form to be completed by your health care provider if you *do not* have official records of your immunizations. Please see the reverse side for additional information.

	-0			
THIS CHART CAN BE COMPLETED BY YOUR I	MEDICAL PROVIDER IN	PLACE OF OFFICIA	L DOCUMENTATION	
SECTION 2: Required Immunizations				
	Month, Da	Month, Day, and Year of Each Dose (MM/DD/YYYY)		
MMR - 2 doses required	1.	2.		
SECTION 3: Elective Immunizations	•	•		
	Month, Da	Month, Day, and Year of Each Dose (MM/DD/YYYY)		
Meningococcal(MCV) ACYW- 135				
Meningococcal B: (circle) TRUMENBA - or- BE	EXSERO			
Tetanus Most Recei	nt: Tdap	Td		
Hepatitis A				
Hepatitis B				
Human Papillomavirus (HPV)				
Varicella				
Most Recent Flu Shot				
COVID - 19 (please indicate brand name)			Brand name:	
Medical Professional's Official Name:		- C.C.		
		Office Star	np:	
Medical Professional's Official Signature:				
Date Signed:				
3				

SECTION 4: Submit official documentation to Student Health Services - Medical Services

Please see the reverse side of this page for submission instructions, located under the heading: *How to Submit your MMRs and Tuberculosis History Form*

Medical Services

950 W Grant St P.O. Box 173260 Bozeman, MT 59717-3180 www.montana.edu/health 406-994-2311

All MSU students need to meet the following requirements before registering for classes:

- 1. MMRs (measles, mumps, and rubella) MSU students are required to submit official documentation showing two MMR vaccinations that meet the following requirements:
 - o Both MMR doses given after 12 months of age
 - A minimum of 28 days between dose 1 and dose 2
 - Can be given as a combined MMR vaccine or individual vaccines for measles, mumps, and rubella
 - MMRs given before 1968 are not considered adequate
 - The second dose must be after 1980
 - Students can have titers (bloodwork) performed by their medical professional to prove immunity to measles, mumps, and rubella in place of MMR vaccination records. In this case, please submit your titer results received from your provider's office.
 - Note: MSU students born before January 1, 1957 are not required to submit documentation of MMRs

2. Tuberculosis History Form

 On the Student Health Services website, please locate and complete the Tuberculosis History form (https://www.montana.edu/health/immunization.html). The link to the form will be toward the bottom of the webpage

<u>Examples of Accepted Documentation</u> – please submit one form of medical documentation to Student Health Services (SHS)

- Your 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
- Note: If you do not have official immunization records, you will need to have your medical provider complete the chart on the reverse of this page

How to Submit your MMRs and Tuberculosis History Form – please choose one method for submission

- Option 1 (preferred): email a PDF file that contains both your immunization records and Tuberculosis History form to: immune@montana.edu
- Option 2: mail physical copies of your completed forms to:

Montana State University – Medical Services P.O. Box 173260
Bozeman, MT 59717-3180

- Option 3: turn in your completed forms in person to the Medical Services front desk located in the Student Wellness Building on campus
- Option 4: have your medical provider fax your immunization records and completed Tuberculosis History form to 406-994-2504

Last Updated: 12/18/2024