

Immunization Records

It is required of all admitted students to document their immune status for Measles, Mumps, & Rubella. Proof of TWO (2) Measles, Mumps, & Rubella (MMR) doses of the vaccine or of the presence of an immune antibody titer against measles is required by South Dakota law. If you do not have or cannot document these vaccinations, you may get them upon arrival for approximately \$200 at a local pharmacy, but it is highly recommended to procure the vaccines prior to arrival in the US.

BHSU does not require any other vaccines, however, meningococcal meningitis is a rare but serious disease that is life-threatening. It can strike without warning and progress quickly. Therefore, we highly *recommend* that students receive the shot series for Meningitis and Meningitis B.

Document your health history and Immunizations using this form signed by a health provider, or just send us a copy of your vaccination card issued by your hospital if it is signed by a healthcare provider. Please email to international@bhsu.edu.

Last (Sur) Name:______ First (Given) Name:_____

Date of Birth: (Day, Month, Year)	Student ID:
To be signed by a Health Care Provider:	
This student is applying for admission to a South Dakota state university in the United	
States. Medical information supplied is inte	nded for use by the institutional medical staff
for purposes of providing well-informed car	e to the student and to protect public health.
Incomplete records may delay the students	a' enrollment. Please provide the dates of the
issued vaccines for the student listed above	e and sign and date. Thank you
MMR Measeles, Mumps, Rubella	
Date of First Immunization: (Day, Month, Ye	ear)
MMR Measeles, Mumps, Rubella	
Date of Second Immunization: (Day, Month, Year)	
Name of Lockh Core Drovidor	
Name of Health Care Provider:	
Name of Clinic:	
Signature of Health Care Provider:	
Date of Signature: (Day, Month, Year)	