

# DCB STUDENT IMMUNIZATION

The State Board of Higher education requires that all college and university students provide state institutions with proof of immunization for Measles, Mumps and Rubella (MMR). In addition, proof of immunization against Meningococcal disease is required for all newly admitted students ages 21 and younger residing in campus residence halls. **DCB accepts copies of records issued by your high school, physician/health office, present college/university, or military records.**

**Records are submitted to Student Services:**

Fax: (701)228-5499

Mail: 105 Simrall Blvd, Bottineau, ND, 58318-1159

Email: [dcb.admissions@dakotacollege.edu](mailto:dcb.admissions@dakotacollege.edu)\*

*\*You may email to request a link to upload files securely.*

**IF COPIES ARE UNAVAILABLE, A PROVIDER MAY COMPLETE THE APPROPRIATE ITEMS BELOW.**

- The following must be signed by a licensed physician or authorized representative of a state or local health department.
- Check the appropriate statement and provide the required information and signature.

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Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROOF OF MEASLES MUMPS RUBELLA (MMR) IMMUNIZATION:**

Student has had 2 doses of measles, mumps and rubella vaccine administered no less than one month apart.

Date of first dose \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of second dose \_\_\_\_/\_\_\_\_/\_\_\_\_

Student has documentation of titers proving immunity to each disease.

Student was born prior to 1957.

**PROOF OF MENINGOCOCCAL IMMUNIZATION:**

Received one dose following 16<sup>th</sup> birthday (Date vaccine received: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Will be age 22 when attending DCB.

**SIGNATURE OF PHYSICIAN OR AUTHORIZED HEALTH OFFICIAL:** I certify the dates and statement checked reflects this student's immunization status.

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Physician or Authorized Health Official Signature

Date

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Physician or Authorized Health  
Official Printed Name

Facility Name/Location

Phone Number

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