



1201 ARROW AVE  
PO BOX 730  
WATERTOWN, SD 57201

## IMMUNIZATION RECORD

*This form must be completed before the student will be allowed to attend Lake Area Technical College*

Name \_\_\_\_\_ Sex: M F  
(Last) (First) (Middle)

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Required for ALL LATC students born after 1956

MMR (2 doses) \_\_\_\_\_ (Date) \_\_\_\_\_ (Date) or Titer \_\_\_\_\_ (Date)  
Immune \_\_\_\_\_ yes \_\_\_\_\_ no

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**Students entering the following health programs:** Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant, Physical Therapist Assistant, Nursing, and Surgical Tech (#1-4) **please use Physical/Health Form Instead**

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**Official signature must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.**

Health Care Provider's Signature \_\_\_\_\_

Name of clinic and/or Address \_\_\_\_\_

Print Last Name \_\_\_\_\_

Date \_\_\_\_\_

***Return all information to:***

**Admissions Office  
Lake Area Technical College  
PO Box 730  
Watertown SD 57201  
Phone: 605-882-5284  
Fax: 605-882-6299**

# Important!

## Immunization Form **required** to attend Lake Area Technical College

Obtaining proof of immunization may be a time-consuming process, so start now!  
Incomplete information may result in a delay or even prevent you from attending LATC.

### INSTRUCTIONS

#### **MMR, Individual doses of Measles, Mumps & Rubella, or Lab Titers**

This is required for **ALL** LATI students born after 1956.

Due to regulations mandated by the South Dakota State Health Department, medically signed proof of TWO properly administered immunizations **OR** immune titers for Measles(Rubeola), Rubella and Mumps are now required for all new, readmitted and transferred students of all State Institutions. Official documentation from a physician's office, department of health, high school or university is acceptable. Individual shot records may be used if the injections were signed or initialed by the doctor or nurse. If you have only one immunization, the required second immunization may be administered not less than one month after the first immunization. Students who fail to provide the required proof of immunization WILL NOT BE ABLE TO ATTEND CLASSES until in compliance.

As an alternative to the requirement for a physician's certification, the student must present an exemption form for the following situations.

A physician's office, clinic or health department name and address AND official signature must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.

1. Certification from a licensed physician stating the physical condition of the student would be such that immunization would endanger the student's life or health;
2. Certification from licensed physician stating the student has experienced the natural disease against which the immunization protects;
3. Confirmation from a laboratory of the presence of adequate immunity; or
4. A written statement signed by the student that the student is adherent to a religious doctrine whose teachings are opposed to such immunizations. If the student is under the age of eighteen, the written statement shall be signed by one parent or guardian.

**All students enrolled in a health program please complete the Physical/Health form instead.** Health programs include: Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant, Physical Therapy Assistant, Nursing and Surgical Technology.