

# **Mandatory Immunization Record**

*Please complete and return to:*

## **Student Health Clinic and Counseling Services**

Box 2818, Wellness Center, South Dakota State University, Brookings, SD 57007 • (605)688-4157 • Fax (605)688-6450  
Email: [sdsu.shc@sdstate.edu](mailto:sdsu.shc@sdstate.edu)

# **INSTRUCTION SHEET**

**Accurate and complete immunization information is required at SDSU. Incomplete information may result in your registration being delayed or even**