



UNIVERSITY OF NEBRASKA
NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE
Pre-Enrollment Health Requirement

Name: Last	First	Middle	Date of Birth	NU Student ID Number
Local Address:		City, State, Zip		Contact Phone Number
Permanent Address		City, State, Zip		Email Address

REQUIRED IMMUNIZATIONS FOR NEBRASKA COLLEGE OF TECHNICAL AGRICULTURE STUDENTS

You are required to provide proof of two Rubeola Measles/MMR immunizations. Immunization records must be attached to this form.

OR

_____ Blood Test for Rubeola Measles. A copy of test results is required and must be attached to this form.

Month Day Year

OR

Born before January 1, 1957 (You do not have to submit records or additional information.)

Students not taking classes on campus (distance students) do not need to complete this form until a class is taken on campus.

Signature of Parent or Student or Licensed Care Provider	Date
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MENINGOCOCCAL: Nebraska state law requires postsecondary institutions to provide students and parents information related to meningococcal disease.

I have read the information on Meningococcal disease. (Website: <https://www.cdc.gov/meningococcal>)

Yes, I have been vaccinated. _____ No, I have not been vaccinated

Month Day Year

Return form to:

NCTA
 Office of Student Services
 404 East 7th
 Curtis, NE 69025