

IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS IN MINNESOTA

| | | | |
|--------------------------------------------|---------------|--------------|----------------------------|
| Student Name (Last, First, Middle Initial) | Date of Birth | Student ID # | Date of Enrollment (Mo/Yr) |
|--------------------------------------------|---------------|--------------|----------------------------|

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

Check here if you were born before 1957 for the age exemption.

All other students who are not age-exempt: Complete parts 1, 2, 3, and/or 4.

All students: Return this completed form to _____ by _____.

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|---------------------|-----------|
| Part 1: Students graduating from a Minnesota high school in 1997 or later | | | | |
| I have previously met the MMR & Td requirements because I graduated from a Minnesota high school in 1997 or later. | | | | |
| Student's signature _____ | | Date _____ | | |
| Name of high school: | | City: | Date of graduation: | |
| Part 2: Transfer student from another Minnesota college | | | | |
| I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota. Student's signature _____ | | | | |
| Name of previous Minnesota college: | | Dates of enrollment: from _____ to _____ | | |
| Part 3: Students who graduated from a Minnesota high school prior to 1997 or student from out-of-Minnesota | | Mo/Day/Yr | Mo/Day/Yr | Mo/Day/Yr |
| Tetanus/diphtheria (Td) <i>(at least one dose required within past 10 years)</i> | | | | |
| Measles/mumps/rubella (MMR) <i>(at least 1 dose required at • 12 mos.)</i> | | | | |
| I certify that the above information is a true and accurate statement of the dates on which I was vaccinated. | | | | |
| Student's signature _____ | | Date _____ | | |
| Part 4: Other exemption(s) | | | | |
| Medical Exemption: The student named above does not have one or more of the required immunizations because he/she has <i>(check all that apply and fill in the appropriate blanks):</i> | | | | |
| <input type="checkbox"/> a medical problem that precludes the _____ vaccine | | | | |
| <input type="checkbox"/> not been immunized because of a history of _____ disease | | | | |
| <input type="checkbox"/> shown to have laboratory evidence of immunity against _____ | | | | |
| Physician's signature _____ | | Date _____ | | |
| Conscientious Exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs. | | | | |
| Student's signature _____ | | Date _____ | | |
| Subscribed and sworn to before me this _____ day of _____, 19__. | | | | |
| Signature of Notary _____ | | | | |