

Immunization Information

COMPLETE IF REGISTERING FOR MORE THAN ONE COURSE OR SUBMIT VERIFICATION TO STUDENT SERVICES OFFICE. IF IMMUNIZATION RECORD IS ALREADY ON FILE, THERE IS NO NEED TO RE-SUBMIT YOUR RECORDS.

Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a private or public post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps and rubella allowing for certain specified exemptions (see below). This form is designed to provide the school with the information required by law and will be available for review by the Minnesota Department of Health and local community health board.

Enter the month, day (if available), and year of the most recent booster for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

	Month/Day/Year		Month/Day/Year
Diphtheria and tetanus (Must be within the last 10 years)		Mumps	
Measles (rubeola, red measles)		Rubella (German measles)	

For the student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

Student's signature: _____ Student ID#: _____

Print name: _____ Date: _____

<p>Medical exemption: The student named above does not have one or More of the required immunizations because he / she has (Check all that apply)</p> <p><input type="checkbox"/> A medical problem that precludes the vaccine(s).</p> <p><input type="checkbox"/> Not been immunized because of a history of _____ disease.</p> <p><input type="checkbox"/> Laboratory evidence of immunity against _____</p> <p>Physician's signature: _____ Date: _____</p>	<p>Conscientious exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</p> <p>Student's signature: _____ Date: _____</p> <p>Subscribed and sworn before me on the _____ day of _____ 20 ____</p> <p>Signature of Notary: _____ Date: _____</p>
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*Optional – Used for statistical purposes only:

High School Graduate:

- YES Year: _____ NO
- GED Yes No

Gender: Male Female

Ethnicity/Race

- 1. Black, Non-Hispanic
- 2. American Indian/Alaskan Native
- 3. Asian/Pacific Islander
- 4. Hispanic
- 5. White, Non-Hispanic

Are you a displaced homemaker? Yes No

Single parent? Yes No

***Note to student:**
 The information collected in the optional section is needed for reporting and research purposes only. It will be kept confidential and will not be used as a basis for enrollment, or in a discriminatory manner. The information collected will be used for summary reports required by federal and state laws and regulations to support institutional affirmative action. Summary reports do not identify individuals. Completion of this section is voluntary. Refusal to provide any of the requested information will not affect your enrollment. Students with disabilities are encouraged to contact the Supplemental Services Coordinator to arrange appropriate services.