Immunization Exemption Form

Student Name (Last, First, M.I.)  Date of Birth  Student ID Number  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.

Medical Exemption: A physician’s signature is required for a medical exemption

The student named above lacks one or more of the required immunizations because he/she: (Check all that apply and fill in the appropriate blanks.)

- [ ] Has a medical problem that precludes the __________________________ vaccine
- [ ] Has not been immunized because of a history of __________________________ disease
- [ ] Has laboratory evidence of immunity against __________________________ disease

Physician’s signature __________________________ Date __________________________

Conscientious Objection Exemption: a notary’s signature is required for a conscientious exemption

I hereby certify by notarization that immunization against______________________________ (disease) is contrary to my conscientiously held beliefs.

Student’s signature __________________________ Date __________________________

Subscribed and sworn to before me this ____ day of __________________, 20____.

Signature of notary ________________________________________________

Dakota County Technical College is an affirmative action, equal opportunity employer and educator. This information is available in alternative formats to individuals with disabilities by calling 651-423-8469 or TTY/Minnesota Relay at 1-800-627-3529.

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