



Immunization Exemption Form

Student Name (Last, First, M.I.)	Date of Birth	Student ID Number	Date of Enrollment (Mo/Yr)
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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 _____