

Immunization Record for Students Attending Post-Secondary Schools in Minnesota

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.

All students: Return this completed form to LSC Student Services within 45 days of first term enrolled .

☐ Check here if you were born before 1957 for the age exemption. You don't have to complete the rest of this form.

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

Part 1: Students graduating from a Minnesota high school in 1997 or later

I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) 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:
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Part 2: Students who graduated from a Minnesota high school before 1997 or students from out of state

Tetanus/diphtheria (Td) <i>(at least one dose required within past 10 years)</i>	Mo/Day/Yr	Mo/Day/Yr
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Measles/mumps/rubella (MMR) <i>(at least one dose required at or after 12 months of age)</i>	Mo/Day/Yr	Mo/Day/Yr
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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 3: Other exemption(s)

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 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 _____

Immunization Program
 800-657-3970, 651-201-5503
www.health.state.mn.us/immunize
 IC#140-0473 HE# 01477-03 (MDH, 2/06)

