

# Instructions for Completing the Undergraduate Immunization Form

This guide answers some areas not clear on the immunization form.  
Only fill out Part 3 and/or Part 4

## Immunization Record for Students Attending Post-Secondary Schools in Minnesota

Fill out Student Name, Date of Birth, Student (Tech) ID, and Date of Enrollment (01/09).

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 \_\_\_\_\_ by \_\_\_\_\_.

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, 3, and/or 4 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: \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Name of previous Minnesota college: \_\_\_\_\_  
Dates of enrollment: from \_\_\_\_\_ to \_\_\_\_\_  
Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr

**Part 3: Students who graduated from a Minnesota high school before 1997 or students from out of state**  
Tetanus/diphtheria (Td) (at least one dose required within past 10 years) \_\_\_\_\_  
Measles/mumps/rubella (MMR) (at least one dose required at or after 12 months of age) \_\_\_\_\_  
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 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 \_\_\_\_\_

Freshmen and transfers from other U.S. colleges, enter last recorded doses for Td and MMR within the past 10 years.

Do not complete Part 1 and Part 2 unless you have studied in the U.S. prior to MSU.

Only need physician or notary signature if filling out part 4.

If any of the above conditions in Part 3 have not been met, check and state the reasons.