

**Minnesota State University, Mankato
Exchange Student
Immunization Record**

STUDENT NAME (Last/Family, First, Middle Initial)	Birthdate (mm/dd/yyyy)	Social Security Number (if available)
Current Address:		
<p>Minnesota Law (M.S.135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions. Students who have graduated from a Minnesota High School in 1997 or after are in compliance with the state law and do not need to submit the immunization information to MSU. This form is designed to provide the school with the information required by the law and will be reviewed by the Minnesota Department of Health and the local community health board.</p>		
INSTRUCTIONS: Enter the month, day (if available), and year of the most recent "booster" for diphtheria and tetanus and for measles, mumps, and rubella.		Month / Day / Year
Measles (rubeola, red measles) (must be at least 12 months after birth or be repeated)		
Mumps (must be at least 12 months after birth or be repeated)		
Rubella (German measles) (must be at least 12 months after birth or be repeated)		
Diphtheria & Tetanus (TD) (must be within last 10 years of current month/year or be repeated)		
For the student: <i>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.</i>		
Student's signature:		Date:
Students wishing to file an exemption to any or all of the required immunizations, must complete the following:		
Medical Exemption: The student named above does not have one or more of the required immunizations because he/she has (check all that apply – physician's signature required):		
<input type="checkbox"/> a medical problem that precludes the _____ vaccine(s). <input type="checkbox"/> not been immunized because of a history of _____ disease(s) <input type="checkbox"/> shown laboratory evidence of immunity against _____		
Student's signature:		Date:
Physician's signature:		Date:
Conscientious Exemption: I hereby certify by notarization that immunization against _____ is contrary to by conscientiously held beliefs.		
Student's Signature:		Date:
Subscribed and sworn before me on the _____ day of _____ 20__		
Signature of Notary:		Date:
Please make a copy of this form for your records. Your completed form will not be accessible for future reference or duplication.		

Mail this form to: International Programs Office
CSU 238, MN State University
Mankato, MN 56001

Or Fax to: +507-389-2790