

Immunization Record for Students Attending Post-Secondary Schools in Minnesota

Student Name (Last, First, M.I.):	Date of Birth:	Tech ID:
-----------------------------------	----------------	----------

Minnesota Law (M.S. 135A.14) requires 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 Minnesota State Mankato Health Services, CC21, Mankato, MN 56001 fax 507-389-5787; ph 507-389-6276; mnsu.edu/shs; healthservices@mnsu.edu

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 part 1, 2, 3, 4 or 5 below.**

Part 1: Students graduating from a MINNESOTA high school within the last 10 years

I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) requirements because I graduated from a **MINNESOTA** high school within the last 10 years.

Name of **MINNESOTA** high school _____ City _____ Date of Graduation _____

Student's signature _____ Date _____

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. Name of previous Minnesota College: _____

Student's signature _____ Date _____ Dates of enrollment: from _____ to _____

Part 3: Students who graduated from an OUT OF STATE or MINNESOTA high school 10+ years ago Mo/Day/Yr

Tetanus/diphtheria (Td) (most recent dose required within past 10 years)	
--	--

Measles/mumps/rubella (MMR) (most recent 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 and 5: Other exemption(s)

Part 4: 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 _____

Part 5: 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_____.

NOTARY SIGNATURE _____

*** Please make a copy of this form. Your completed form will NOT be accessible for future reference or duplication.**

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

