

# 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.

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 students 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 \_\_\_\_\_

### Part 3: Students who graduated from a Minnesota high school **before 1997** or students from **out of state**

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

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** \_\_\_\_\_

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

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