



# IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS

Name:	Student ID:
(last) (first) (M.I.)	(If known)
Social Security Number:	Birthdate:

Minnesota Law (M.S. 135A14) 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 (see below). This form is designed to provide the school with the information required by law and will be available for review by the Minnesota Department of Health and the local community health board.

**No proof of immunization is needed from:**

- Students who have graduated from a Minnesota high school in 1997 or later
- Students born before 1956
- Transfer students from a different post-secondary school, if transcripts or other information from the previous school indicate that the student has met immunization requirements

Enter the month, day (if applicable), and year of the most recent “booster” for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

	Month/Day/Year	Month/Day/Year
Diphtheria & Tetanus (Td)		
Measles (rubeola, red measles)		
Mumps		
Rubella (German measles)		

For the student: *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.*

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Students wishing to file an exemption to any or all of the required immunization must complete the following:*

<p>Medical exemption: <i>the student named above does not have one or more of the required immunizations because he/she has (check all that apply):</i></p> <p><input type="checkbox"/> a medical problem that precludes the _____ vaccine(s)</p> <p><input type="checkbox"/> not been immunized because of a history of _____ disease</p> <p><input type="checkbox"/> laboratory evidence of immunity against _____</p> <p>Physician’s signature _____ Date _____</p> <p>Conscientious exemption: <i>I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</i></p> <p>Signature of student _____ Date _____</p> <p>Subscribed and sworn before me on the _____ day of _____ 20_____</p> <p>Signature of notary _____</p>
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