IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS

Name

(last)  (first)  (M.I.)

Student ID

Birth Date  Soc. Sec. No.

Minnesota Law (M.S. 135A14) requires that all students born after 1956 and enrolled in a public or private post-secondary 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.

Enter the month, day (if available), 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.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Mo/Day/Year</th>
<th>Mo/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria &amp; Tetanus (Td)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (ruecia, red measles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Medical exemption: The student named above does not have one or more of the required immunizations because he/she had (check all that apply)

☐ A medical problem that precludes the ________________________________ vaccine(s)
☐ Not been immunized because of a history of ________________________________ disease
☐ Laboratory evidence of immunity against ________________________________

Physician’s signature ___________________________________________ Date _______________________

Conscientious exemption: I hereby notarize the immunization against ________________________________ is contrary to my conscientiously held beliefs.

Signature of Student: ___________________________________________ Date ______________________

Subscribed and sworn before me on the ____________________ day of ________________, 20_____.

Signature of Notary ___________________________________________