# Immunization Record for Students Attending Post-Secondary Schools in Minnesota

<table>
<thead>
<tr>
<th>Student Name (Last, First, M.I.):</th>
<th>Date of Birth:</th>
<th>Student ID Number:</th>
<th>Date of Enrollment (Mo/Yr):</th>
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</thead>
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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.

*All students*: Return this completed form to __________________________________ by ____________.

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 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. Student’s signature ________________________________ Date ________________

Name of previous Minnesota college: ___________________________ Dates of enrollment: from ____________ to ____________

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

- Tetanus/diphtheria (Td) *(at least one dose required within past 10 years)*
- Measles/mumps/rubella (MMR) *(at least one dose required at or after 12 months of age)*

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<tr>
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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 ____________________________________________

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