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

Students: Return this completed form to the post-secondary school you will be attending before enrolling.

Student Name (Last, First, M.I.)	Date of Birth	Studer	udent ID Number		Date of Enrollment (Mo/Yr)		
Minnesota Law (M.S. 135A.14) requires measles, mumps, and rubella, allowing the submit the required information within 48 the school with the information required and the local health agency.  Check here if you were born before form; however you still must return that other students who are not age-exempted.	for certain specif 5 days after first by the law and v 1957 for the age his form to your	ied exer enrollme vill be av exempt school.	nptions (see belo ent cannot remain railable for review ion. If you were, y	w). Any non-exit enrolled. This is by the Minneso	empt student w form is designe ta Department	ho fails to d to provide of Health	
Part 1: Students graduating from a Minn				·			
I have previously met the MMR (measlest pertussis) requirements because I gradu	s, mumps, rubell	a) and T	d (tetanus, diphth		etanus, diphthe	eria,	
tudent's signature				Da	Date		
Name of high school:	City:			Date of gradua	ion:		
Part 2: Transfer student from another Minnesota college							
I am exempt from these requirements be student in another post-secondary school		ssion red	ords indicate I ha	ave met the requ	uirements as ar	enrolled	
Student's signature Date							
Name of previous Minnesota college:			Dates of enrollment: from		to	to	
Part 3: Students who graduated from a Minnesota high school before			re 1997 or students from out of state Mol		ate Mo/Day/Y	r Mo/Day/Yr	
Tetanus/diphtheria (Td or Tdap) (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)							
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): A physician's for a conscientious exemption	s signature is red	quired fo	r a medical exem	ption, and a no	tary's signature	is required	
Medical Exemption: The student named that apply and fill in the appropriate blank		e or mo	re of the required	immunizations	because he/sh	e: (Check all	
☐ has a medical problem that precludes thevaccine						occine	
☐ has not been immunized because of a history of				di	disease		
has laboratory evidence of immunity against					dis	disease	
Physician's signature Date							
Conscientious Exemption: I hereby certify by notarization that immunization against							
	disease is contrary to my conscientiously held beliefs.						
Subscribed and sworn to before me this	day or		, 20				
Signature of notary							

