

UNIVERSITY OF MINNESOTA

STUDENT IMMUNIZATION RECORD

Please print:

Student Name (Last/Family, First, Middle Initial)	Birthdate I /	Student ID#	Social Security #
Street address	Month Day Year	New students, see admission letter for ID#	
City, State, Zip			

Minnesota law requires all students born after December 1, 1956, who enroll in a Minnesota college or university, to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions (see Parts 2 and 3). The law also requires the University to collect the information requested on this form and maintain these records. **All information on this form, except your name, is private data. Providing your social security number is voluntary.** You are legally required to provide the other information.

Month/ Year you will be attending class _____

Check here if you were born before January 1, 1957, for the age exemption.
Sign at the bottom of Part 1, fold, and mail this form to address on the back.

If you wish to file a medical exemption, complete Part 2. For a conscientious exemption, complete Part 3.

If you are not exempt for reasons listed above, complete Part 1. Enter the month and year for:
 most recent "booster" shot for diphtheria/tetanus (must be within last 10 years); and
 two doses of measles, mumps, and rubella (MMR) vaccine that you received after age 12 months.

Diphtheria/Tetanus (Td) (Must be within last 10 years)	month/year:	
Measles (rubeola, red measles) (2 doses required after age 12 months)	month/year Dose 1:	month/year Dose 2:
Mumps (2 doses required after age 12 months)	month/year Dose 1:	month/year Dose 2:
Rubella (German measles) (2 doses required after age 12 months)	month/year Dose 1:	month/year Dose 2:

For the student: *Z* certify that the above information is a true and accurate statement of the dates on which received the immunizations required by Minnesota law.

Student's signature _____ Date _____

Medical exemption: The student named above does not have one or more of the required immunizations because he/she has (check all that apply and fill in the appropriate blanks):

- a medical problem that precludes the _____ vaccine(s)
- not been immunized because of a history of _____ disease
- shown laboratory evidence of immunity against _____

Physician's signature _____ Date _____
(required)

Conscientious exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Student's signature _____ Date _____

Subscribed and sworn before me on the _____ day of _____ 19____

Signature and seal of notary _____

Before mailing this form, please make a copy to keep with your personal records. Mail this form or bring it in person to Boynton Health Service (address on the reverse).