Saint Mary's University OF MINNESOTA

IMMUNIZATION RECORD
FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS

Legal name: _____
Last/Family *First* *Middle Initial*

Date of birth: _____ Social Security: _____ Program: _____
month day year

Minnesota Law (M.S. 135A.14) 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 the law and will be available for review by the Minnesota Department of Health and the local community health board. This form, confirming proper immunization, must be submitted within 45 days of attending class.

Enter the month 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/Year	Month/Year
Diphtheria and 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.*

Signature of Student: _____ Date: _____

Students wishing to file an exemption to any or all of the required immunizations must complete the applicable section(s):

Disease Exemption: The student named above has experienced the diseases listed below:

_____ _____ *Month/Year*

_____ _____ *Month/Year*

_____ _____ *Month/Year*

Student 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):

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

Physician's Signature: _____ Date: _____

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

Signature of Student _____ Date: _____

Subscribed and sworn before me on the _____ day of _____ in the year _____

Signature of Notary: _____ Date: _____

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