

# Immunization Record



Pine  
Technical  
College

Revised: 3/2010

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

Student Name (Last, First, Middle Initial)	Date of Birth	Student ID #	Date of Enrollment (Mo/Yr)

Minnesota Law (M.S. 135A.14) requires proof 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.

Check here if you were born before 1957 for the age exemption.

*All other students who are not age-exempt: Complete parts 1, 2 or 3 below.*

### PART 1: Students graduating from a Minnesota high school in 1997 or later.

I have previously met the MMR and Td 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 (MM/YY): _____
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### PART 2: Students who graduated from a Minnesota high school prior to 1997 OR student from out-of-Minnesota.

	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Tetanus/diphtheria (Td) (at least one dose required within past 10 years)				
Measles/mumps/rubella (MMR) (at least one dose required at 12 months)				

I certify the above information is a true and accurate statement of the dates on which I was vaccinated.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 3: Other exemption(s).

**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;

not been immunized because of a history of \_\_\_\_\_ disease;

Shown to have laboratory evidence of immunity against \_\_\_\_\_.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

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