

IMMUNIZATION RECORD FOR INTERNATIONAL STUDENTS ATTENDING POST-SECONDARY SCHOOLS IN MINNESOTA



Print Student Name (Last, First, M.I.)	Date of Birth:	Date of Enrollment (Mo/Yr)
----------------------------------------	----------------	----------------------------

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.

International students please complete and return this form to the International Admissions Advisor either by mail or bring to the Student Services Office in Room T2200.

Enter month, day and year of the most recent 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)				
	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles/mumps/rubella (MMR)				
Tetanus/diphtheria (TD)				

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

Student's signature _____ Date _____

Other Exemption(s)

Medical Exemption: Students who proclaim a medical exemption to any of the required immunizations must complete 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 _____