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.

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles/mumps/rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus/diphtheria (TD)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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 ___________________________