

# STUDENT IMMUNIZATION RECORD

(PLEASE RETURN THIS FORM TO:)

## College of Graduate Studies and Research

Minnesota State University, Mankato  
115 Alumni Foundation Center  
Mankato, MN 56001



MINNESOTA STATE  
UNIVERSITY  
MANKATO

NOTE: PLEASE DISREGARD THIS FORM IF YOU HAVE ALREADY SUBMITTED

PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month / Day / Year

Note: Your completed form will not be accessible for duplication. Please make a copy for your records.

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. **Students who have graduated from a Minnesota high school in 1997 or after are in compliance with the state law and do not need to submit the immunization information to Minnesota State Mankato.**

Since this law was passed, in May, 1989, the federal government's Center for Disease Control, the American Academy of Pediatrics and the American College Health Association have recommended that all people born after 1956 receive TWO measles, mumps, rubella (MMR) immunizations. This recommendation was made because measles epidemics continue to occur in populations of students who have had one MMR immunization, but have lost their immunity. Therefore, for complete protection against contracting measles, it is recommended that you receive a SECOND MMR from your physician.

- Check here if you were born before 1957 for the age exemption. Sign at the bottom of Part 1, fold and return this form to the address above.
- Check here if you graduated from a Minnesota high school after 1996. Sign at the bottom of Part 1 and return to the indicated address.

Enter the month, day (if available), 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. Please check with your physician or with your public school immunization record for dates. If these records are not available, repeat immunization is required.

PART 1 (*Required)	Month/Day/Year	Month/Day/Year
<b>Measles (rubella, red measles)</b> (must be at least 12 months after birth or be repeated)	*	
<b>Mumps</b> (must be at least 12 months after birth or be repeated)	*	
<b>Rubella (German measles)</b> (must be at least 12 months after birth or be repeated)	*	
<b>Diphtheria &amp; Tetanus (Td)</b> (must be within last 10 years of current month/year or be repeated)	*	

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you completed Part 1, you need not complete Parts 2 or 3.)

**PART 2**  
**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(s)
- shown laboratory evidence of immunity against \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3**  
**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 \_\_\_\_\_ 20\_\_\_\_  
Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_