

Immunization Record for Students Attending Post-Secondary Schools

Name	Student ID#			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">Last</td> <td style="width: 33%; text-align: center; padding: 2px;">First</td> <td style="width: 33%; text-align: center; padding: 2px;">Middle</td> </tr> </table>	Last	First	Middle	
Last	First	Middle		
Date of Birth				

Minnesota Law (M.S135A.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 Local community health board.

Enter the month, day (if available), and the year of the most recent "booster" for diphtheria and tetanus (must be within the last 10 years) and all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

	Month/Day/Year	Month/Date/Year
Diphtheria & 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.*

Student Signature: _____ Date: _____

Students wishing to file an exemption to any or all of the required immunization must complete the following:

Medical Exemption: the above does not have one or more of the required immunizations because he/she has (check all that apply)

- A medical problem that precludes the _____ vaccine(s)
- Not been immunized because of history of _____ disease
- 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.*

Signature of Student: _____ Date: _____

Subscribed and sworn me on the _____ day of _____, 200__.

Signature of Notary _____ Seal

Mail To: Registrar's Office, Bethel Seminary, 3949 Bethel Drive, St. Paul, MN 55112