

Immunization Record

Student Name (Last, First, M.I.)	Date of Birth	Student ID Number	
Minnesota Law (M.S. 135A.14) requires proof that all students bot tetanus, measles, mumps, and rubella, allowing for certain specific student who fails to submit the required information within 45 days form is designed to provide the school with the information required Minnesota Department of Health and the local health agency.	ed exemptions (see bel a after first enrollment ca	ow). Any non-ex annot remain en	kempt Irolled. This
Students who graduated from a Minnesota high school before 1997 of	or out of state	Mo/Day/Yr	Mo/Day/Yr
Tetanus/diphtheria (Td or Tdap) (at least one dose required within past 10 years)			
Measles/mumps/rubella (MMR) (at least one dose required at or a	fter 12 months of age)		
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): A physician's signature is required for a medical exemption, and a notary's signature is required for a conscientious exemption			
<u>Medical Exemption</u> : The student named above lacks one or more (Check all that apply and fill in the appropriate blanks.)	e of the required immun	izations becaus	e he/she:
☐ 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			
Student's signature		Date	
Subscribed and sworn to before me this day of, 20	·		

Signature of notary _____