

Metropolitan State University

Student Immunization Record

Please print:

Student Name (Last, First, Middle Initial)	Birth date (Month/Day/Year)	Social Security Number
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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, 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.

Check here if you were born before 1957 for age exemption.

All other students who are not age-exempt: Complete parts 1, 2, 3, or 4.

All students: Return this form to: Admissions Office, Metropolitan State University, 700 E. 7th St. St. Paul, MN 55106.

Part 1. Students graduating from a Minnesota high school in 1997 or later.					
I have previously met the MMR and Td requirements because I graduated from a Minnesota high school in 1997 or later.					
Student's Signature: _____ Date: _____					
Name of high school:		City:		Date of graduation:	
Part 2: Transfer Student from another Minnesota College					
I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.					
Student's Signature: _____ Date: _____					
Name of previous Minnesota college:			Date of enrollment _____ to _____		
Part 3. Students who graduated from a Minnesota high school prior to 1997 or student from out of Minnesota		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Tetanus/diphtheria (Td) (at least one dose required within last 10 years)					
Measles/mumps/rubella (MMR) (at least one dose required at \geq 12mos.)					
I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.					
Student's Signature: _____ Date: _____					
Part 4: Other exemptions					
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):					
<input type="checkbox"/> A medical problem that precludes the _____ vaccine(s).					
<input type="checkbox"/> Not been immunized because of a history of _____ disease.					
<input type="checkbox"/> Shown 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.					
Student's Signature: _____ Date: _____					
Subscribed and sworn before me on the _____ day of _____ year _____					
Notary's Signature: _____ Date: _____					