

BEMIDJI STATE UNIVERSITY

Yes _____ No _____
Office Use Only

IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS IN MINNESOTA

Student Name (last, First, Middle Initial)	Date of Birth	BSU Student ID #	Date of Enrollment (Mo/Yr)
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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.

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

First complete the header information at the top of the form. All other students who are not age-exempt: Complete parts 1,2,3 or 4. All students: Return this completed form to BSU (see address below) by first week of class.

Part 1: Students graduated from a Minnesota high school in 1997 or later

I have previously met the MMR & Td requirements because I graduated from a **Minnesota** high school in 1997 or later.

Student signature _____ Date _____

Name of high school: _____ City: _____ Date of graduation _____

Part 2: Transfer students 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 since 1997.

Student signature _____ Date _____

Name of previous Minnesota college: _____ Dates of enrollment: from _____ 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	Office Use Only			
			M	H	L	E
Tetanus/diphtheria (Td) (at least one dose required within past 10 years)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles/mumps/rubella (MMR) (at least 1 dose required at \geq 12 mos. of age)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the above information is a true and accurate statement of the dates on which I was vaccinated.

Student signature _____ Date _____

Part 4: Other exemption(s)

Medical Exemption: The student named above does not have one or more of the required immunizations 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 been shown to have 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 signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary _____

Return to: Health Services, Bemidji State University, 1500 Birchmont Drive NE, #30, Bemidji MN, 566012699
Fax: 218-755-2750

Bemidji State University

Health Service