# Immunization Record for Students Attending Post-Secondary Schools in Minnesota

**Bemidji State University**

**Health Service**

**IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS IN MINNESOTA**

<table>
<thead>
<tr>
<th>Student Name (last, First, Middle Initial)</th>
<th>Date of Birth</th>
<th>BSU Student ID #</th>
<th>Date of Enrollment (Mo/Yr)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Tetanus/diphtheria (Td) (at least one dose required within past 10 years)</th>
<th>Measles/mumps/rubella (MMR) (at least 1 dose required at &gt; 12 mos. of age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
</tr>
</tbody>
</table>

- [M] - [H] - [L] - [E]

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_