**Bemidji State University**  
**Student Center for Health and Counseling**  
**Student Immunization Form**

<table>
<thead>
<tr>
<th>Student Name (Last, First, M.I.)</th>
<th>Date of Birth</th>
<th>Student ID#</th>
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<tr>
<th>Student Email</th>
<th>Phone</th>
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Minnesota Law (M.S. 135A.14) requires students enrolled in a public or private post-secondary school in Minnesota be immunized against measles, mumps, rubella, diphtheria, and tetanus, allowing for certain specified exemptions (see below). This information will be maintained as private information, available to school officials or state health officials who may need such information for public health purposes. **Unless you are exempt by law, as explained below, you are legally required to provide this information no later than 45 days after the start of your first term at BSU. Anyone who fails to submit the required information will not be allowed to register for any subsequent classes.** The Minnesota Department of Health and local health board are authorized by state law to inspect this information.

**Exemptions:**
- Graduated from a Minnesota high school after 1996.
- Enrolled in only one class, and NOT housed on campus.
- Born before 1957
- Enrolled in online or off-site classes only.

Complete Part 3 for a conscientious exemption. **This requires the signature of a notary.** If you are not exempt for any of the above listed reasons, complete Part 1. Enter the month, day, and year of your most recent “booster,” shot for diphtheria and tetanus (Td) (**This date must be within the last 10 years.**) All doses of measles, mumps, and rubella vaccine must have been received after the age of 12 months (1 year old). This information may be transferred from personal health records. We do not require copies of these records. Please keep your health records for future use.

**PART 1**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Month/day/year</th>
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<tbody>
<tr>
<td>Diphtheria/tetanus (Td)</td>
<td></td>
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<tr>
<td>Measles (rubeola, red measles)</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
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<tr>
<td>Rubella (German measles)</td>
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**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 the Minnesota law.

Student’s signature ___________________________ Date __________

Parent’s signature (If student is under 18 years of age) ___________________________ Date __________

**PART 2**

**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):

- A medical problem that precludes the ________________ vaccine(s)
- Not been immunized because of a history of ________________ disease
- Shown laboratory evidence of immunity against ________________

Physician’s signature ___________________________ Date __________________

**PART 3**

**CONSCIENTIOUS EXEMPTION:** I hereby certify by notarization that immunization against ________________ is contrary to my conscientiously held beliefs. Student’s signature ___________________________ Date __________________

Parent’s signature (If student is under 18 years of age) ___________________________ Date __________________

Subscribed and sworn before me on the ________________ day of ________________ 20 __________

Signature of notary ___________________________ ___________________________

Return form to: BSU Student Center for Health and Counseling, 1500 Birchmont Dr. NE #42, Bemidji MN 56601. Fax 218-755-2750 Email: kreiplinger@bemidjistate.edu