

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

Student Name (Last, First, M.I.)	Date of Birth	Student ID#
Student Email		Phone

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

Diphtheria/tetanus (Td)	Month/day/year:
Measles (rubeola, red measles)	Month/day/year:
Mumps	Month/day/year:
Rubella (German measles)	Month/day/year:

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 _____