

# University of Minnesota

# STUDENT IMMUNIZATION RECORD

All students born after December 31, 1956 and who are enrolled in a Minnesota college or university must be immunized against diphtheria, tetanus, measles, mumps, and rubella. The law requires UMD to collect and maintain these records. The Minnesota Department of Health and local health board are authorized by state law to inspect this information. All information on this form, except your name, is private data. While providing your Social Security number is voluntary, you are legally required to provide the other information. This law allows for some exemptions (see age—Part 1, medical—Part 3, or conscientious exemption—Part 4).

ID#

middle initial

first

Last

Name

## Part 1 Demographic information — Print legibly.

Student name  
(last, first, middle initial)

Student ID #  
(New students: see admission letter for ID #)

Birth date

Social Security #

Street address

City, state, zip code

Local phone #

Indicate the **first term** you attended UMD:

Fall    Spring    Summer    Year \_\_\_\_\_

**Age exemption:    I was born on or before December 31, 1956.**

(Complete Part 1, sign bottom of Part 2, fold and return to address on back.)

## Part 2 Immunizations — You must be reimmunized if these records are not available.

Diphtheria/tetanus (Td)

Indicate month/year of most recent booster shot (must be within last 10 years).

Measles (rubeola, red measles)

First dose

Second dose

**Two** doses are required. Indicate month/year for all doses after age 12 months.

Mumps

First dose

Second dose

**Two** doses are required. Indicate month/year for all doses after age 12 months.

Rubella (German measles)

First dose

Second dose

**Two** doses are required. Indicate month/year for all doses after age 12 months.

*I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

## Part 3 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 4 Conscientious exemption

*I hereby certify by notarization that immunization against \_\_\_\_\_ is contrary to my conscientiously held beliefs.*

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of notary \_\_\_\_\_

Fold

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Return address

Stamp

UMD HEALTH SERVICES  
615 NIAGARA COURT  
DULUTH MN 55812-3065

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Fold and seal — DO NOT STAPLE