

# UNIVERSITY OF MINNESOTA DULUTH

## 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. This law allows for some exemptions (see age–Part 1, medical–Part 3, or conscientious exemption–Part 4). **Warning:** To avoid registration delays, this form must be completed and received by Health Services.

### Part 1 Demographic information – print legibly.

Last name–type or print neatly in ink		First	Middle	
Student ID number <i>(New students: see admission letter for ID#)</i>	Date of birth	U of M e-mail @d.umn.edu	Local phone number	
Street address		City	State	Zip Code
Indicate the first term you attended UMD: Fall   Spring   Summer   Year _____		<b>Age exemption:</b> <input type="checkbox"/> 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	<b>Two doses are required. Indicate month/year for all doses after age 12 months.</b>
Mumps	First dose	Second dose	<b>Two doses are required. Indicate month/year for all doses after age 12 months.</b>
Rubella (German measles)	First dose	Second dose	<b>Two doses are required. Indicate month/year for all doses after age 12 months.</b>

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 signature	Date
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### 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
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### Part 4 Conscientious exemption

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

Student signature	Date
Signature of notary	

Fold



Return address

Stamp

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UMD HEALTH SERVICES  
615 NIAGARA CT  
DULUTH MN 55812-3065



Fold and seal-do not staple