

University of Minnesota
Athletic Training Education Program
Student Immunization Record

Student Name (Last/Family, First, Middle Initial)	Birth Date -- Month/Day/Year	Student ID#	Social Security # -
Street Address	Indicate your first semester at the UofM: Fall Spring Summer 20_____		
City, State, Zip			
<p>Minnesota law requires all students born after December 31, 1956, who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions. The law also requires the University to collect the information requested on this form and maintain the record for one year. All information on this form, except your name, is private data. Providing your social security number is voluntary. You are legally required to provide the other information. INSTRUCTIONS: •Reporting exemptions due to AGE or Mn High School graduate status; complete the appropriate section below. •Self reporting vaccines; please complete and sign Part 1 •Medical reasons for not receiving vaccines report in Part 2. This requires your medical provider's signature. •If vaccines are against your conscientiously held beliefs complete Part 3. This requires that a notary public counter sign the form after witnessing your signature. Age exempt; if BORN before January 1957 you are age exempt;</p> <p>Student Signature _____</p> <p>Mn High School exempt; ONLY for graduates after Jan. 1997; please report the following information and sign to complete the requirement. High School _____ Graduation date _____</p> <p>Student Signature _____</p>			
Part 1: Immunization Record		Dates Immunizations were received	
Diphtheria/Tetanus (Td) (Report most current-given every 10yrs)	Month/year:		
Measles (rubeola, red measles) (Report-2 doses after age 12 months)	Month/year Dose 1:	Month/year Dose 2:	
Mumps (Report-1 dose after age 12 months)	Month/year :		
Rubella (German measles) (Report-1 dose after age 12 months)	Month/year :		
Hepatitis B			
<p>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 Minnesota law. Student's signature _____</p> <p>Date _____</p>			
Part 2: Medical Exemption			
<p>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(s). Shown laboratory evidence of immunity against _____</p> <p>Health Care Provider signature _____ Date _____ (Required)</p>			
Part 3: Conscientious Exemption			
<p>Conscientious Exemption: I hereby certify by notarization that immunization against _____ Is contrary to my conscientiously held beliefs.</p> <p>Student's signature _____ Date _____ Subscribed and sworn before me on the _____ day of _____ 20_____</p> <p>Signature and seal of notary _____</p>			