

University of Minnesota Student Immunization Form

Complete and submit this form online at <http://www.bhs.umn.edu/immunization-requirements.htm>. All University of Minnesota students must complete a Student Immunization Form the first time they register for one or more credits. Please note: Academic Health Center students have different immunization requirements. For more information, please visit <http://www.bhs.umn.edu/immunization-requirements.htm> or email immunizations@bhs.umn.edu.

Student Name (<i>last name, first name, middle initial</i>)	Birth Date (<i>mm/dd/yyyy</i>) / /	Student ID Number
Street Address	Indicate your first semester at the University of Minnesota: (<i>circle one</i>) Fall Spring Summer	
City, State, Zip	Year _____	

A. Minnesota High School or Age Exemption

Students who graduated from a Minnesota High School after January 1997 or were born before 1957 do not need to complete sections B, C, or D.

- I graduated from a Minnesota High School after January 1997. High School _____ Graduation Year _____
- I was born before January 1957.

Signature _____ Date ____/____/____

B. Immunization Record—required for students who are not Minnesota High School or Age Exempt

Diphtheria/Tetanus (Td): *most current, given every 10 years* Month/year: _____/_____

Measles (rubeola, red measles): *2 doses after age 12 months* Month/year of Dose 1: _____/_____ Month/year of Dose 2: _____/_____

Mumps: *2 doses after age 12 months* Month/year of Dose 1: _____/_____ Month/year of Dose 2: _____/_____

Rubella (German measles): *2 doses after age 12 months* Month/year of Dose 1: _____/_____ Month/year of Dose 2: _____/_____

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.

Signature _____ Date ____/____/____

C. Medical Exemption—healthcare provider signature required

Students claiming medical exemption must complete this section and have a healthcare provider sign below. Your immunization requirement will not be considered fulfilled until this signed form is received by Boynton Health Service.

The student named above does not have one or more of the required immunizations due to (check all that apply):

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

Healthcare Provider Name _____ Provider Signature _____ Date ____/____/____

D. Conscientious Objection Exemption—signature and seal of notary required

Students claiming conscientious objection must complete this section and have form notarized. Your immunization requirement will not be considered fulfilled until this signed form is received by Boynton Health Service.

The student named above hereby certifies by notarization that immunization against the following is contrary to his/her conscientiously held beliefs:

Signature _____ Date ____/____/____

NOTARY PUBLIC COMPLETE THIS SECTION: Signature and Seal of Notary _____

Subscribed and sworn before me on the _____ day of _____ 20____