

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 WSU to collect and maintain these records. The Minnesota Department of Health and local health board is authorized by state law to inspect this information. All information on this form, except you name, is private data. While providing you Social Security number is voluntary, you are legally required to provide the other information. This law allows for some exceptions (see age-part 1, medical-part 3, or conscientious exemption-part 4).

◆ Part 1 Demographic information - Print legibly.		
Student Name(last, first, middle initial)		
Student Warrior ID # or SS#:	Birth Date:	
Street Address	City, State, Zipcode	Local Phone #
Indicate the first semester you attended WSU: Fall Spring SSI SSII 20_____	Age exemption: <input type="checkbox"/> I was born on or before December 31, 1956. <input type="checkbox"/> I transferred from another Minnesota college. <input type="checkbox"/> I graduated from a Minnesota high school in 1997 or later. (Complete Part 1, sign at bottom of #2, and mail or fax to the Health Service)	

◆ Part 2 Immunizations - You must be re-immunized if these records are not available.			
➤ Diphtheria/Tetanus (Td)		Indicate month/year of most recent booster shot (must be within 10 years)	
➤ Measles (Rubeola, red measles)	First dose	Second dose	One dose is mandatory but Two doses are recommended. Indicate month/year for all doses after age 12 months.
➤ Mumps	First dose	Second dose	One dose is mandatory but Two doses are recommended. Indicate month/year for all doses after age 12 months.
➤ Rubella (German measles)	First dose	Second dose	One dose is mandatory but Two doses are recommended. Indicate month/year for all doses after age 12 months.
<i>I certify that the above information is true and accurate statement of dates on which I received the immunizations required by Minnesota law</i>			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):	
<input type="checkbox"/> a medical problem that precludes the _____ vaccine(s).	
<input type="checkbox"/> not been immunized because of a history of _____ disease.	
<input type="checkbox"/> Shown laboratory evidence of immunity against _____.	
Physician's signature _____	Date _____

◆ Part 4 Conscientious Exemption	
<i>I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</i>	
Student's Signature _____	Date _____
Signature of notary _____	Date _____