



**Applicant Information**

(please type or print)

Name \_\_\_\_\_  
last first middle

SSN \_\_\_\_\_ Birth date \_\_\_\_\_  
mm/dd/yy

Applying for:  M.A.  B. A. Program name \_\_\_\_\_

Term attending:  Fall  Spring  Summer 200\_\_\_\_\_

Minnesota Law (M.S. 135A.14) requires that all students born after December 31, 1956, and enrolled in a private or public post-secondary school or living in on-campus housing, be immunized against diphtheria, tetanus (Td), measles, mumps and rubella (MMR), with the exception of students who graduated from a Minnesota high school in 1997 or later (because they will have already met the immunization requirements as a high school student). This form is designed to provide the school with the information required by law and will be available for review by the Minnesota Department of Health and the local community health board.

Enter the month, day (if available) and year of the most recent "booster" for diphtheria and tetanus (must be within the past 10 years) and all doses of vaccine for measles, mumps and rubella that were given after 12 months of age.

	MM / DD / YYYY	MM / DD / YYYY
Diphtheria and Tetanus (Td)	_____	_____
Measles (rubeola, red measles)	_____	_____
Mumps	_____	_____
Rubella (German measles)	_____	_____

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 law.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Exemptions**

Students wishing to file an exemption to any of the required immunizations must complete the following:

**Medical Exemption:** The student named above does not have one or more of the required immunizations because he/she has (check all that apply):

- a medical problem that precludes the \_\_\_\_\_ vaccine(s).
- not been immunized because of a history of \_\_\_\_\_ disease.
- laboratory evidence of immunity against \_\_\_\_\_.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

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

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me on the date of \_\_\_\_\_.

Notary signature \_\_\_\_\_

*By law, conscientious exemption statements are forwarded to the Minnesota state commissioner of health.*