



### Applicant Information

(please type or print)

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

Social Security number \_\_\_\_\_ Birth date \_\_\_\_\_

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, measles, mumps and rubella allowing for specific exemptions (listed below). 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 last 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 \_\_\_\_\_

### Exceptions

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.*

### Return to

The College of St. Scholastica, Graduate ADEP Office, 340 Cedar Street, St. Paul, MN, 55101