Minnesota law (M.S. 135A.14) requires all students born after Dec. 31, 1956, who enroll in a Minnesota college to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

Last Name  First Name  M.I  
Birth Date  Student ID Number  Social Security Number (Optional)  

[   ] Age exempt: If born before January 1957 you are age exempt.  

Student Signature  

[   ] MN High School exempt: ONLY for graduates after Jan. 1997: please report the following information and sign to complete: 

High School  Graduation date  
Student Signature  

Part 1: Immunization Record  

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dose 1</th>
<th>Dose 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus (Td or Tdap) (Report most current within 10 years)</td>
<td>Td</td>
<td>Tdap</td>
</tr>
<tr>
<td>Measles (rubeola, red measles) (Report 2 doses after age 12 months)</td>
<td>Dose 1</td>
<td>Dose 2</td>
</tr>
<tr>
<td>Mumps (Report 2 doses after age 12 months)</td>
<td>Dose 1</td>
<td>Dose 2</td>
</tr>
<tr>
<td>Rubella (German measles) (Report 2 doses after age 12 months)</td>
<td>Dose 1</td>
<td>Dose 2</td>
</tr>
</tbody>
</table>

Not required but strongly recommended: 
Hepatitis B  
Menomune (menactra)  
Additional optional vaccines:  
Hepatitis A  
HPV  

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:  
Date:  

Part 2: Medical Exemption  
The student named above does not have one or more of the required immunizations because s/he 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 ______________.  
Health Care Provider signature (Required)  
Date:  

Part 3: Conscientious Exemption  
I hereby certify by notarization that immunization against ______________ is contrary to my conscientiously held beliefs.  
Signature of student:  
Date:  
Subscribed and sworn before me on the ______ day of _______ 2.  
Signature and seal of notary:  

AFTER THE FORM IS COMPLETE, SEND IT DIRECTLY TO: 
Student Health Service  
The College of St. Scholastica  
1200 Kenwood Ave  
Duluth, MN 55811  
or fax: 218-723-5953