



**IMMUNIZATION RECORD FOR STUDENTS ATTENDING
SOUTHWEST MINNESOTA STATE UNIVERSITY**

Student Name (Last, First, Middle Initial)	Date of Birth	Mustang ID	Date of Enrollment (Mo./Yr.)	
Home Address (Number and Street)	City or Town	State	Zip Code	Home Telephone No.

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt students who fails to submit the required information within 45 days after the first enrollment cannot remain enrolled. This form is designed to provide the school with information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

Check here if you were born before 1957 for the age exemption.

All other students who are not age-exempt: Complete parts 1, 2, or 3.

PART 1-Students who graduated from a Minnesota high school prior to 1997 or students from out-of-Minnesota	
	Mo/Day/Yr (most recent date please)
Tetanus/ diphtheria (Td)-at least one dose required within past 10 years	
Measles/mumps/rubella (MMR)-at least one dose required given \geq 12 mos.	
Student's Signature _____ Date _____	

RECOMMENDED	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Hepatitis B-vaccine is not required but recommended for some adults			

PART 2-Transfer student from another MINNESOTA college
Name of Previous College:_____ Dates of Enrollment from _____ to _____ I am exempt from meeting these requirements because I have met the law's requirements as an enrolled student in another post-secondary school in Minnesota.
Student's Signature _____ Date _____

Part 3-Other Exemption(s)
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 <input type="checkbox"/> not been immunized because of a history of _____ disease <input type="checkbox"/> shown to have laboratory immunity against _____
Conscientious Exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.
Student's Signature _____ Date _____
Subscribed and sworn to me this _____ day of _____, _____
Signature of Notary _____