

## IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS IN MINNESOTA

Student Name (Last, First, MI):	Date of Birth:	Mustang ID Number:	Enrollment Date (Mo/Yr):
---------------------------------	----------------	--------------------	--------------------------

**\* Please make a copy of this form. Your completed form will NOT be accessible for future release or duplication.**

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 student 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 the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

ALL STUDENTS: Return this completed form to SMSU Health Services, BA 158, 1501 State Street, Marshall, MN 56258  
 Fax: (507) 537-7259, Phone: (507) 537-7202, [www.smsu.edu/go/healthservices](http://www.smsu.edu/go/healthservices)

Check here if you were born before 1957 for the age exemption. You don't have to complete the rest of this form.

*All other students who are not age-exempt: Complete the section below that applies to you.*

<b>PART 1: Students graduating from a Minnesota high school in 1997 or later</b>	
I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) requirements because I graduated from a Minnesota high school in 1997 or later.	
Name of high school _____ City: _____ Date of graduation: _____	
Student's Signature _____ Date _____	
<b>PART 2: Transfer student from another Minnesota college</b>	
I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota. Name of previous Minnesota College: _____	
Student's Signature _____ Date _____ Dates enrolled from _____ to _____	
<b>PART 3: Students who graduated from a Minnesota high school before 1997 <i>or students from out of state</i></b>	
	Mo/Day/Yr (most recent date please)
Tetanus/diphtheria (Td) - at least one dose <b>required within past 10 years</b>	
Measles/Mumps/Rubella (MMR) - at least one dose required given $\geq$ 12 months of age	
I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.	
Student's Signature _____ Date _____	
<b>PART 4 &amp; 5: Other exemption(s): *Note special signature requirements</b>	
<b>Part 4: Medical Exemption:</b> The student named above lacks one or more of the required immunizations because he/she:	
<i>(Check all that apply and fill in the appropriate blanks)</i>	
<input type="checkbox"/> has a medical problem that precludes the _____ vaccine	
<input type="checkbox"/> has not been immunized because of a history of _____ disease	
<input type="checkbox"/> has laboratory evidence of immunity against _____ disease	
*PHYSICIAN'S SIGNATURE _____ Date _____	
<b>Part 5: Conscientious Exemption:</b> I hereby certify by notarization that immunization against _____	
disease is contrary to my conscientiously held beliefs.	
Student's Signature _____ Date _____	
Subscribed and sworn to before me this _____ day of _____, 20_____	
*NOTARY SIGNATURE _____	

**\* Please make a copy of this form.  
Your completed form will NOT be accessible for future release or duplication.**

## INFORMATION REGARDING MANDATORY REQUIREMENT FOR ENROLLMENT

If you plan to enroll at Southwest Minnesota State University (SMSU), you are required by Minnesota Law (M. S. 135A.14) to provide us with the month, day and year you were immunized against diphtheria, tetanus, measles, mumps and rubella. Fill in these dates on the Student Immunization Record printed on the back of this letter. Please be sure to use your full name, birth date and Mustang ID.

SMSU Health Services does not provide immunizations. You may obtain necessary immunizations from your family physician/clinic or your local Public Health office. When all required immunizations have been obtained, complete and return the form with the month, day and year that you received the immunizations.

To find out if you are adequately immunized against these diseases, check with your parents, family physician, or school immunization records. Call your high school or doctor's office for assistance if necessary.

An immunization may not be medically advisable for certain persons. If this applies to you, or if you have had any of these diseases, Part 4 of the immunization form must be completed/signed by your doctor and returned to SMSU Health Services.

Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must have a notary witness your signature in Part 5 of the form before returning it to SMSU Health Services.

You are legally required to supply the information requested, according to the instructions contained on the form. A student who has submitted a compliant immunization record to another Minnesota post-secondary school may complete Part 2.

Anyone enrolled at SMSU who fails to submit the required information within 45 days of the beginning of the term will not be allowed to remain enrolled at SMSU.

If you have questions about the immunization law or your status of compliance, please contact Health Services at 507-537-7202.

COMPLETE THE STUDENT IMMUNIZATION  
RECORD PRINTED ON THE BACK OF THIS  
LETTER AND RETURN IMMEDIATELY TO:

**SMSU Health Services  
Bellows Academic 158  
1501 State Street  
Marshall, MN 56258**