

Immunization Record for Students Attending Post-Secondary Schools in Minnesota

Student Name (Last, First, M.I.)	Date of Birth:	Student Warrior ID#:
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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 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 (**may attach copy of immunization record**) to:

Winona State University Health & Wellness Services

175 W. Mark St.

Winona, MN 55987.

Fax: 507-457-2326 Phone: 507-457-5160 or email to: studenthealth@winona.edu

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

All other student who are not age-exempt: COMPLETE PART 1,2,3,4, or 5 below.

Part 1: Students graduating from a MINNESOTA high school		
I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) requirement because I graduated from a MINNESOTA high school within the last 10 years.		
Name of MINNESOTA high school	City	Date of graduation
Student's signature	Date	

Part 2: Transfer student from another MINNESOTA college		
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 college:		
Student's signature:	Date	Dates of enrollment from _____ to _____

Part 3: Students who graduated from an OUT OF STATE high school	Month/Date/Year
Tetanus/diphtheria (Td or Tdap) Must be most recent and within the last 10 years	
Measles/Mumps/Rubella (MMR) Most recent dose (required after 12 months of age)	

Part 4 & 5: Other exemptions	
Part 4: Medical Exemption: 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
Part 5: Conscientious Exemption: I hereby certify by NOTORIZATION 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:	

Updated 05/2019