



Immunization Record

(Complete this form and return with your application forms)

**Your completed form will not be accessible for duplication.
Please make your own copy for your records.**

FOR INTERNATIONAL STUDENTS

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DATE OF BIRTH _____ TERM OF ENROLLMENT _____

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 their 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.

| INTERNATIONAL STUDENTS | Mo/DAY/YR | Mo/DAY/YR | Mo/DAY/YR |
|--|-----------|-----------|-----------|
| Tetanus/diphtheria (Td) <i>(at least one dose required within past 10 years)</i> | | | |
| Measles/mumps/rubella (MMR) <i>(after 12 months of age)</i> | | | |
| Hepatitis B <i>(this vaccine is not required but is recommended for some adults)</i> | | | |

I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

STUDENT SIGNATURE _____ DATE _____

COMPLETE THE FOLLOWING ONLY IF IT APPLIES TO YOU.

MEDICAL EXEMPTION(S)

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):

- a medical problem that precludes the _____ vaccine
- not been immunized because of a history of - _____ disease
- shown to have laboratory evidence of immunity against _____

Physician's signature _____ Date _____

CONSCIENTIOUS OBJECTION:

I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Student signature _____ Date _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Signature of Notary _____