

**Immunization Record for Students Attending
St. Cloud Technical & Community College
St. Cloud, MN**

Student Name (Last, First, M.I.)	Date of Birth	Student ID #	Date of Enrollment (Mo/Yr)
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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 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.

Check here if you were born before 1957 for the age exemption. If you were, you don't need to complete the rest of this form; however you still *must* return this form to your school.

All other students who are not age-exempt: Complete parts 1, 2, 3 and/or 4.

Return this form completed to **St. Cloud Technical and Community College**, 1540 Northway Drive, St. Cloud, MN 56303

PART 1: Students graduating from a Minnesota high school in 1997 or later (*if you have a GED or were homeschooled, you must complete Part 3*)

I have previously met the MMR (measles, mumps, rubella) & Td (tetanus, diphtheria) requirements because I graduated from a Minnesota high school in 1997 or later.

Student's signature _____ Date _____

Name of high school:	City	Date of Graduation:
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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. Student's signature _____ Date _____

Name of previous Minnesota College:	Dates of enrollment: from _____ to _____
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PART 3: Students who graduated from a Minnesota high school before 1997, students from out of state, homeschool, or completed a GED	MM/DD/YYYY	MM/DD/YYYY
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Tetanus/diphtheria (Td) (<i>at least one dose required within past 10 years</i>)		
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Measles/mumps/rubella (MMR) (<i>at least one dose required after 12 months of age</i>)		
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I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

Student's signature _____ Date _____

PART 4: Other exemption(s): A physician's signature is required for a medical exemption, and a notary's signature is required for a conscientious exemption

Medical Exemption: The student named above lacks 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
- laboratory evidence of immunity against _____ disease

Physician's signature _____ Date _____

Conscientious Exemption: 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_____.

Signature of notary _____ Date _____

