

# Immunization Instructions

## Immunization Requirement

All students are required to complete a **Metropolitan State University Student Immunization Record form (unless they meet exemptions 5 and/or 6 below)**. Minnesota State Law (Minn. Statute 135A.14) requires that students born after 1956 must be immunized against:

- Tetanus/Diphtheria (Td): once every ten years
- Measles/Mumps/Rubella (MMR): One dose given on or after first birthday (for complete protection against measles, a second MMR is recommended)

You are required by law to provide Metropolitan State University with the month, day and year of your immunizations on the attached form. Fill out all sections that apply to you and return it immediately to the Gateway Student Services Center by mail, e-mail or in person using the information above. **Anyone enrolled at Metropolitan State who fails to submit the required information with in 45 days of the beginning of the semester cannot remain enrolled.**

**Note:** Student signature is not required when forms are submitted via the Metropolitan State University e-mail system. However, Physician and/or Notary signatures ARE REQUIRED in the case of Part 4: Other exemptions and therefore the forms cannot be e-mailed. The form must be submitted in person or mailed.

To find out whether you are adequately immunized against these diseases and the dates of your immunizations, check with your parents, family physician, or high school immunization records. Call your high school or doctor's office for assistance if necessary. If you cannot produce the information or have not been immunized according to the law's requirements, schedule an appointment with your physician or clinic today.

## Exemptions

Exemptions are permitted under the following conditions:

### 1. Recent Minnesota High School Graduate Exemption

Students who graduated from a Minnesota high school in 1997 or later are exempt. If this applies to you, complete Part 1 of the immunization form.

### 2. Transfer Student from another Minnesota Postsecondary Institution

Students who have met the admission requirements as an enrolled student at another Minnesota postsecondary institution are exempt. If this applies to you, complete Part 2 of the immunization form (note: depending on the situation, you may be required to complete other sections as required).

### 3. Medical Exemption

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

### 4. Conscientious Exemption

Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must complete and have notarized the bottom portion of the immunization form.

No action is required for the following exemptions. However, if you plan on enrolling in multiple courses/on-campus, this form must be on record, or you will not be allowed to enroll.

### 5. Enrolled in Only One Class

Students who will enroll in one class only are exempt from this requirement.

### 6. Online Student

Students who will enroll solely in online classes are exempt from this requirement.

# Metropolitan State University

## Student Immunization Record

**Please print:**

Student Name (Last, First, Middle Initial)	Birth date (Month/Day/Year)	Student ID Number
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Minnesota Law (M.S. 135A, 14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, mumps, and rubella, allowing for certain specified exemptions (see below). 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 community health board.

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

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

**All students: Return this form to: Metropolitan State University, Gateway Student Services, 100 Founders Hall, 700 E. 7<sup>th</sup> St. St. Paul, MN 55106.**

<b>Part 1. Students graduating from a Minnesota high school in 1997 or later.</b>					
I have previously met the MMR and Td 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: _____	
<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.					
Student's Signature: _____			Date: _____		
Name of previous Minnesota college: _____			Date of enrollment: _____ to _____		
<b>Part 3. Students who graduated from a Minnesota high school prior to 1997 or student from out of Minnesota</b>		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Tetanus/diphtheria (Td) (at least one dose required within last 10 years)					
Measles/mumps/rubella (MMR) (at least one dose required at 12mos.)					
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: Other exemptions</b>					
<b>Medical exemption:</b>					
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(s).					
<input type="checkbox"/> Not been immunized because of a history of _____ disease.					
<input type="checkbox"/> Shown laboratory evidence of immunity against _____.					
Physician's Signature: _____			Date: _____		
<b>Conscientious exemption:</b>					
I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.					
Student's Signature: _____			Date: _____		
Subscribed and sworn before me on the _____ day of _____ year _____					
Notary's Signature: _____			Date: _____		