

## For Students Attending Post-Secondary Schools

Please complete this immunization form and submit with your application to Itasca.

Enter the month, day (if available), and year of the most recent “booster” for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

For the student: I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.

**Students wishing to file an exemption to any or all of the required immunizations must complete the following:**

☐ A medical problem that precludes the \_\_\_\_\_ vaccine(s).

☐ Not been immunized because of a history of \_\_\_\_\_ disease.

☐ Laboratory evidence of immunity against \_\_\_\_\_.

Signature of notary