

Student Immunization Record

College of Adult & Professional Studies
Graduate School

BETHEL
UNIVERSITY

Applicant Data *Please print.*

Legal Name _____

Bethel ID# (if known) _____ SSN _____ Birth Date (MM/DD/YYYY) _____

Minnesota law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a public or private postsecondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). This form is designed to provide the school with the information required by law and will be available for review by the Minnesota Department of Health and the local community health board.

Check ONE category regarding the status of your immunizations or exemption:

- ☐ I transferred from another Minnesota college and am exempt from these requirements because my admission records indicate I have met the immunization requirements as an enrolled student in another post-secondary school in Minnesota. *Sign below.**

Name of previous Minnesota college _____ Dates enrolled from _____ to _____

- ☐ I was born before 1957 and claim age exemption. I understand I do not have to complete the rest of this form, but I must still return the signed form to the school to which I am applying. *Sign below.**

- ☐ I graduated from a Minnesota high school in 1997 or later and have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) immunization requirements. *Sign below.**

Name of high school _____ City _____ Date of graduation _____

- ☐ I graduated from a Minnesota high school before 1997 or am an out-of-state applicant. These are my immunization dates:

	Diphtheria, tetanus (Td) (at least one does required within past 10 years)	Measles (rubeola, red measles) / Mumps / Rubella (German measles) (at least one dose required at or after 12 months of age)
MM/DD/YYYY		
MM/DD/YYYY		

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

*Applicant Signature _____ Date _____

Exemption(s) *A physician's signature is required for medical exemption. A notary's signature is required for conscientious exemption.*

- ☐ **Medical Exemption** The student named above lacks one or more of the required immunizations because he or she has: (Check all that apply and fill in the appropriate blanks.)

☐ A medical problem that precludes the _____ vaccine(s)

☐ Not been immunized because of a history of _____ disease

☐ Laboratory evidence of immunity against _____ disease

Physician Signature _____ Date _____

- ☐ **Conscientious Exemption** I hereby certify by notarization that immunization against _____ disease is contrary to my conscientiously held beliefs.

Applicant Signature _____ Date _____

Subscribed and sworn before me on _____ Notary Signature _____

Please send completed form to:

College of Adult & Professional Studies/Graduate School • Bethel University • 3900 Bethel Drive • St. Paul, MN 55112-6999

Or fax to: 651.635.8004