

UNIVERSITY OF MINNESOTA DULUTH

Student Immunization Record

If you have questions, call Health Services 218-726-8155.

All students born after December 31, 1956 and who are enrolled in a Minnesota college or university must be immunized against diphtheria/tetanus, measles, mumps, and rubella. The law requires UMD to collect and maintain these records. The Minnesota Department of Health and local health board are authorized by state law to inspect this information. All information on this form, except your name, is private data. This law allows for some exemptions (see age-Part 1, medical-Part 3, or conscientious exemption-Part 4). **Warning:** To avoid registration delays, this form must be completed and received by Health Services.

Part 1 Demographic information-print legibly.

Last name-type or print neatly in ink		First	Middle
Student ID number <i>(New students: see admission letter for ID#)</i>	Date of birth	U of M e-mail @d.umn.edu	Local phone number
Street address		City	State Zip Code

Indicate your first term at UMD: ☐ Fall ☐ Spring ☐ Summer Year _____

Minnesota High School or Age Exemption

Students who graduated from a Minnesota High School after January 1997 or were born before 1957 do not need to complete Part 2, 3, or 4.
Complete and sign bottom of Part 1, fold and return to address on the back.

- ☐ I graduated from a MN High School after January 1997. High School _____ Graduation Year _____
- ☐ I was born before January 1957.

Student signature	Date
-------------------	------

Part 2 Immunizations-You must be reimmunized if these records are not available.

Diphtheria/tetanus (Td)	Indicate month/year of most recent booster shot (must be within last 10 years.)		
Measles (Rubeola, red measles)	First dose	Second dose	Two doses are required. Indicate month/year for all doses after age 12 months.
Mumps	First dose	Second dose	Two doses are required. Indicate month/year for all doses after age 12 months.
Rubella (German measles)	First dose	Second dose	Two doses are required. Indicate month/year for all doses after age 12 months.

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.

Student signature	Date
-------------------	------

Part 3 Medical exemption

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(s).
- ☐ not been immunized because of a history of _____ disease.
- ☐ shown laboratory evidence of immunity against _____.

Physician's signature	Date
-----------------------	------

Part 4 Conscientious exemption

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

Student signature	Date
-------------------	------

Signature of notary

Fold

Return address

Stamp

UMD HEALTH SERVICES
615 NIAGARA CT
DULUTH MN 55812-3065

Fold and seal-do not staple