



Pupil Immunization Record

MINNETONKA PUBLIC SCHOOLS
School of Entry:

Name _____ Birthdate _____

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school with information required by the law.

Enter the MONTH, DAY, and YEAR for all vaccines the pupil received. DO NOT USE (✓) or (✗).
Vaccines/doses in shaded boxes are recommended but not required by law.

| Type of Vaccine | 1st Dose Mo/Day/Yr | 2nd Dose Mo/Day/Yr | 3rd Dose Mo/Day/Yr | 4th Dose Mo/Day/Yr | 5th Dose Mo/Day/Yr |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Diphtheria, Tetanus, and Pertussis (DTaP, DTP) | | | | | |
| Diphtheria and Tetanus (DT) - pediatric formulation (<7 yrs) | | | | | |
| Tetanus and Diphtheria (Td) – adult formulation (7yrs) | | | | | |
| Polio (IPV, OPV) | | | | | |
| Measles, Mumps, and Rubella (MMR) (minimum age: 12 mos) | | | | | |
| Hepatitis B (hep B) * | | | | | |
| Varicella (chickenpox)** | | | | | |
| Pneumococcal Conjugate (PCV)*** | | | | | |
| Haemophilus influenzae type b (Hib)*** | | | | | |

* Hepatitis B is required for kindergarten and 7th grade.

** Varicella vaccine or disease history is required for Kindergarten or 7th grade.

*** PCV and Hib vaccines are recommended only for children through age 4 years.

Note for school personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+Hib, Hib+HBV) in each applicable space.

Indicate immunization status and source of above information by choosing one of the following:

- I certify that this student has received all immunizations required by law.

Signature of parent/guardian/emancipated minor or physician/public clinic Date

- I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7th), varicella (K + 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

Signature of physician/public clinic Date

Medical exemption: No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

I certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations:

Signature of physician Date

Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):

Signature of parent, legal guardian or emancipated minor Date

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of notary

History of varicella disease:

I certify that this child had chickenpox disease on this date: _____ (YR) and therefore does not need a varicella shot.

Signature of parent, legal guardian, emancipated minor or physician/public clinic Date

Additional exemptions

- Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12:** A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- Students 7 years of age or older:** Do not need pertussis vaccine.
- Students 18 years of age or older:** Do not need polio vaccine.