

Pupil Immunization Record

Student Name _____
Birthdate _____ Student Number _____

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent: Enter the MONTH, DAY, and YEAR for all vaccines your child received, MED for vaccines that are medically contraindicated, or CO for vaccines that are conscientiously opposed. Sign appropriate signature boxes on reverse.

MED: Medical contraindication to immunization, history of disease, or laboratory evidence of immunity.
CO: Immunizations are contrary to parent or guardian's conscientiously held beliefs.

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+HepB+IPV, Hib+HepB) in each applicable space.

FOR SCHOOL USE ONLY

☐ Complete; booster required in _____

☐ In process; 8 mos. expires _____

☐ Medical exemption for _____

☐ Conscientious objection for _____

☐ Parental/guardian consent _____

Type of Vaccine	DO NOT USE (✓) or (✕)	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
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTap, DTP)						
Diphtheria and Tetanus (DT) • for 6-year-olds and younger						
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older						
Polio (IPV, OPV)						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade						
Hepatitis B (hep B) • required for kindergarten and 7th grade						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade						
Recommended						
Meningococcal (MCV, MPSV)						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						

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/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12:** A Td or Tdap 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 students who provide documentation of the alternative 2-dose schedule.
- Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- Students 18 years of age or older:** Do not need polio vaccine.

BOX 1: Certifying Immunization Status

BOX 2: Consent to Share Immunization Information

BOX 3A: Medical Exemptions

BOX 3B: Conscientious Exemptions

1. Choose one of the following to indicate student's immunization status and the source of the information above:

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

Signature of parent/guardian or physician/public clinic

Date

B. 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 and 7th), varicella (K and 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

2. Parental/Guardian Consent to Share Immunization Information:

Your child's school is asking your permission to share your child's immunization record with Minnesota's immunization registry to help us better protect students from disease. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization record with Minnesota's immunization registry:

Signature of parent or legal guardian

Date

3. Exemptions to School Immunization Law

A. Medical exemption:

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see * below.)

Exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant

Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____.
Year

Signature of physician/nurse practitioner/physician assistant

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian

Date

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

Signature of notary

Are Your Kids Ready for School?

Minnesota's School Immunization Law

Directions:

- Find the child's age/grade level and read across to the right.
- Look to see whether the child had the number of shots shown by the checkmark(s) under each vaccine.

Note: Each row is meant to be read separately, so don't add up the columns of checkmarks under each vaccine.

Example: A preschooler needs 4 DTaP, then to enter kindergarten he or she needs 1 more DTaP, for a total of 5 (not 9).

	Hep B hepatitis B	Tdap/DTaP/Td diphtheria, tetanus, pertussis (whooping cough)	Polio	MMR measles, mumps, rubella	Hib <i>Haemophilus influenzae</i> type b	Varicella* (chickenpox)
Preschool (age 3-5)		✓✓✓✓	✓✓✓	✓	At least ✓	✓
Kindergarten**	✓✓✓	✓✓✓✓✓ 5 th shot not needed if 4 th was after age 4	✓✓✓✓ 4 th polio not needed if 3 rd was after age 4	✓✓		✓✓
Age 7 through 6th grade		At least ✓✓✓	At least ✓✓✓	✓		
7th through 12th grade	✓✓✓ 7 th grade only***	At least ✓✓✓ Plus one more shot at age 11-12 years****	At least ✓✓✓	✓✓		✓✓ 7 th grade only

* Varicella shot(s) not required if a child's doctor signs a form saying the child has already had chickenpox disease.

** First graders who are 6 years old and younger must follow the polio and Tdap/DTaP/Td schedules for kindergarten.

*** An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.

**** If a child received a Td at age 7-10 years they do not necessarily need another one at age 11-12. However, they must receive another shot of Td or Tdap 10 years after their last one.

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

Parents may file a medical exemption signed by a healthcare provider or a conscientious objection signed by a parent/guardian and notarized.

Other immunizations recommended for school kids, but not required by the School Immunization Law:

- Influenza (flu) – each year for children age 6 months through 18 years – especially those with risk factors like asthma and diabetes.
- Hib – an additional two to three doses (depending on the product used) is recommended in addition to the one dose at or after 12 months of age required for school.
- Meningococcal for age 11-18.
- Human papillomavirus (HPV) for girls age 11-18.
- Hepatitis A



Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

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