Complete and submit this form online at https://boytontimn.edu/immunization-requirement. All University of Minnesota students must complete a Student Immunization Form the first time they register for one or more credits. Please note: Academic Health Center students have different immunization requirements. For more information, please visit https://boytontimn.edu/immunization-requirement or email immunizations@umn.edu.

### A. 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 sections B, C, or D.

- [ ] I graduated from a Minnesota High School after January 1997. High School ___________________________ Graduation Year __________________
- [ ] I was born before January 1957.

Signature ___________________________ Date ______/_____/_____

### B. Immunization Record—required for students who are not Minnesota High School or Age Exempt

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Dose Requirement</th>
<th>Month/year of Dose 1</th>
<th>Month/year of Dose 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus (Td): most current, given every 10 years</td>
<td></td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
</tr>
<tr>
<td>Measles (rubeola, red measles): 2 doses after age 12 months</td>
<td></td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
</tr>
<tr>
<td>Mumps: 2 doses after age 12 months</td>
<td></td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
</tr>
<tr>
<td>Rubella (German measles): 2 doses after age 12 months</td>
<td></td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
</tr>
</tbody>
</table>

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.

Signature ___________________________ Date ______/_____/_____

### C. Medical Exemption—healthcare provider signature required

Students claiming medical exemption must complete this section and have a healthcare provider sign below. Your immunization requirement will not be considered fulfilled until this signed form is received by Boynton Health Service.

The student named above does not have one or more of the required immunizations due to (check all that apply):

- [ ] A medical problem that precludes the ___________________________ vaccine(s).
- [ ] Not been immunized because of a history of ___________________________ disease(s).
- [ ] Shown laboratory evidence of immunity against ___________________________

Healthcare Provider Name ___________________________ Provider Signature ___________________________ Date ______/_____/_____

### D. Conscientious Objection Exemption—signature and seal of notary required

Students claiming conscientious objection must complete this section and have form notarized. Your immunization requirement will not be considered fulfilled until this signed form is received by Boynton Health Service.

The student named above hereby certifies by notarization that immunization against the following is contrary to his/her conscientiously held beliefs:

Signature ___________________________ Date ______/_____/_____

NOTARY PUBLIC COMPLETE THIS SECTION: Signature and Seal of Notary ___________________________ Date ______/_____/_____

Subscribed and sworn before me on the ______________________ day of __________________, 20__________

Submit to Boynton Health Service, Attn: Patient Assistance, 410 Church Street S.E., Minneapolis, MN 55455. Or fax to (612) 625-1434. Please keep a copy for your records. Minnesota law requires all students born after December 31, 1956, who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions. The law also requires the University of Minnesota to collect the information requested on this form and maintain the record for one year. 10/09