University of Minnesota Student Immunization Form

Complete and submit this form online at z.umn.edu/immunization-form. 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://boynton.umn.edu/registration-holds-immunization-requirements.

<table>
<thead>
<tr>
<th>Student Name (last name, first name, middle initial)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Student ID Number</th>
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Street Address

Indicate your first semester at the University of Minnesota:

(circle one) Fall Spring Summer

City, State, Zip

Year ____________________________

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

Diphtheria/Tetanus (Td): most current, given every 10 years Month/year: ____________/_________________

Measles (rubeola, red measles): 2 doses after age 12 months Month/year of Dose 1: __________/___________ Month/year of Dose 2: __________/___________

Mumps: 2 doses after age 12 months Month/year of Dose 1: __________/___________ Month/year of Dose 2: __________/___________

Rubella (German measles): 2 doses after age 12 months Month/year of Dose 1: __________/___________ Month/year of Dose 2: __________/___________

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.

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.

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 __________________________________________

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

Submit to Boynton Health, 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. 11/22