## **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.

Student Name (last name, first name, middle initial)	Birth Date (mm/dd/yyyy)	Student ID Number
Street Address	Indicate your first semester at the control of the	•
City, State, Zip	Year	·
A. Minnesota High School or Age Exemption		
Students who graduated from a Minnesota High School after Januar		, ,
☐ I graduated from a Minnesota High School after January 1997. Hig	ih School	Graduation Year
☐ I was born before January 1957.	D	
Signature	D:	ite/
B. Immunization Record—required for students who are not Minnesota High School or Age Exempt		
Diphtheria/Tetanus (Td): most current, given every 10 years M	lonth/year:/	
Measles (rubeola, red measles): 2 doses after age 12 months M	flonth/year of Dose 1:/	Month/year of Dose 2:/
Mumps: 2 doses after age 12 months M	Ionth/year of Dose 1:/	Month/year of Dose 2:/
Rubella (German measles): 2 doses after age 12 months	lonth/year of Dose 1:/	Month/year of Dose 2:/
I certify that the above information is a true and accurate statement of	f the dates on which I received the immunizations	required by Minnesota law.
Signature		Date/
C. Medical Exemption—healthcare provider signature requ		Date/
	uired	
C. Medical Exemption—healthcare provider signature requestives claiming medical exemption must complete this section and he	uired lave a healthcare provider sign below. Your immur	
C. Medical Exemption—healthcare provider signature requestions claiming medical exemption must complete this section and his signed form is received by Boynton Health.	uired have a healthcare provider sign below. Your immure mmunizations due to (check all that apply):	nization requirement will not be considered fulfilled until this
C. Medical Exemption—healthcare provider signature requestions. Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in	uired lave a healthcare provider sign below. Your immure mmunizations due to (check all that apply):	nization requirement will not be considered fulfilled until thisvaccine(s).
C. Medical Exemption—healthcare provider signature requestions. Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired have a healthcare provider sign below. Your immure mmunizations due to (check all that apply):	vaccine(s).
C. Medical Exemption—healthcare provider signature requestions claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired have a healthcare provider sign below. Your immure mmunizations due to (check all that apply):	vaccine(s).
C. Medical Exemption—healthcare provider signature requestions claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired  lave a healthcare provider sign below. Your immure  mmunizations due to (check all that apply):  Provider Signature	nization requirement will not be considered fulfilled until thisvaccine(s)disease(s).
C. Medical Exemption—healthcare provider signature requestions.  Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired  ave a healthcare provider sign below. Your immure mmunizations due to (check all that apply):  Provider Signature  seal of notary required	vaccine(s).
C. Medical Exemption—healthcare provider signature requestions claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against  Healthcare Provider Name  D. Conscientious Objection Exemption—signature and so Students claiming conscientious objection must complete this section as	uired  ave a healthcare provider sign below. Your immure mmunizations due to (check all that apply):  Provider Signature  seal of notary required and have form notarized. Your immunization require	vaccine(s).
C. Medical Exemption—healthcare provider signature requestions claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired  eave a healthcare provider sign below. Your immunity immunity immunity attentions due to (check all that apply):  Provider Signature  seal of notary required and have form notarized. Your immunity attention required eatton against the following is contrary to their constants.	
C. Medical Exemption—healthcare provider signature requestions. Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in A medical problem that precludes the	uired  ave a healthcare provider sign below. Your immunity immunity immunity attentions due to (check all that apply): Provider Signature  seal of notary required and have form notarized. Your immunity attention required station against the following is contrary to their constants.	

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