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 University of Minnesota:    

(circle one) Fall Spring Summer  

City, State, Zip  

A. Minnesota High School, Post-Secondary Minnesota College, 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’m a transfer student from another Minnesota college. Minnesota College____________________________  

☐ 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 their 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__.