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	•	
City, State, Zip	(circle one) Fall Spring	Summer	
Oity, Gittle, Zip	Year		
A. Minnesota High School, Post-Secondary Minnesota Collec	je, or Age Exemption		
Students who graduated from a Minnesota High School after January 1997	or were born before 1957 do not need to c	omplete sections B, C, or D.	
☐ I graduated from a Minnesota High School after January 1997. High School	ol	Graduation Year	
☐ I'm a transfer student from another Minnesota college. Minnesota Coll	ege		
☐ I was born before January 1957.			
Signature	Date		
B. Immunization Record—required for students who are not l			
2. mmamzanom ressera i requirea for exadente inte are nec			
Diphtheria/Tetanus (Td): most current, given every 10 years Month/ye	ear:/		
Measles (rubeola, red measles): 2 doses after age 12 months Month/ye	ear of Dose 1:/	Month/year of Dose 2:/	
Mumps: 2 doses after age 12 months Month/ye	ear of Dose 1:/	Month/year of Dose 2:/	
Rubella (German measles): 2 doses after age 12 months Month/ye	ear of Dose 1:/	Month/year of Dose 2:/	
I certify that the above information is a true and accurate statement of the da	tes on which I received the immunizations re	equired by Minnesota law.	
I certify that the above information is a true and accurate statement of the da Signature			
Signature		Date/	s
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a h	nealthcare provider sign below. Your immuniza	Date/	s
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health.	nealthcare provider sign below. Your immunizate tations due to (check all that apply):	Date/	
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a rigned form is received by Boynton Health. The student named above does not have one or more of the required immunization.	nealthcare provider sign below. Your immuniza cations due to (check all that apply):	Date/	;).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a risigned form is received by Boynton Health. The student named above does not have one or more of the required immuniz A medical problem that precludes the Not been immunized because of a history of	nealthcare provider sign below. Your immuniza cations due to (check all that apply):	Date/	;).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health. The student named above does not have one or more of the required immunization. A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against	nealthcare provider sign below. Your immuniza cations due to (check all that apply):	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a risigned form is received by Boynton Health. The student named above does not have one or more of the required immuniz A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against Healthcare Provider Name Pro	nealthcare provider sign below. Your immunizations due to (check all that apply):	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health. The student named above does not have one or more of the required immunization. A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against	nealthcare provider sign below. Your immunizations due to (check all that apply): byider Signature	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health. The student named above does not have one or more of the required immuniz A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against Healthcare Provider Name Pro D. Conscientious Objection Exemption—signature and seal of	nealthcare provider sign below. Your immunizations due to (check all that apply): novider Signature notary required e form notarized. Your immunization requirem	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health. The student named above does not have one or more of the required immunized. A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against. Healthcare Provider Name Pro D. Conscientious Objection Exemption—signature and seal of Students claiming conscientious objection must complete this section and have is received by Boynton Health.	nealthcare provider sign below. Your immunizations due to (check all that apply): novider Signature notary required e form notarized. Your immunization requirem	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a resigned form is received by Boynton Health. The student named above does not have one or more of the required immunized. A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against. Healthcare Provider Name Pro D. Conscientious Objection Exemption—signature and seal of Students claiming conscientious objection must complete this section and have is received by Boynton Health.	nealthcare provider sign below. Your immunizations due to (check all that apply): avider Signature notary required e form notarized. Your immunization requirem gainst the following is contrary to their conscient	Date/	;).).
Signature C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and have a his signed form is received by Boynton Health. The student named above does not have one or more of the required immunized. A medical problem that precludes the Not been immunized because of a history of Shown laboratory evidence of immunity against. Healthcare Provider Name Pro D. Conscientious Objection Exemption—signature and seal of Students claiming conscientious objection must complete this section and have is received by Boynton Health. The student named above hereby certifies by notarization that immunization as	nealthcare provider sign below. Your immunizations due to (check all that apply): povider Signature notary required e form notarized. Your immunization requirem gainst the following is contrary to their conscie	Date/	;).).

Submit to Boynton Health, Attn: Patient Assistance, 410 Church Street S.E., Minneapolis, MN 55455. Or fax to 612-677-3211. 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. 04/24