



Immunization Verification

Year _____
Records are only kept on file for one year from the date they are received. Please keep a copy of this information for your own records.

Student Name (Last, First, M.I.):	Date of Birth:	Student ID Number (Stinger ID):
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Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see back). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

All students who do not apply to any of the exemptions please provide the following information:

Please provide at least the month and year

	Month / Day / Year
Tetanus/diphtheria (Td) <i>(at least one dose required within past 10 years)</i>	
Measles/mumps/rubella (MMR) <i>(at least one dose required at or after 12 months of age)</i>	
I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.	
Student's signature _____ Date _____	

The only acceptable exemptions allowed are listed on the back of this sheet.

Submit this form to Student Health Services by any of the following methods:

1. In person: HS140, First Floor Health Sciences
2. By mail: RCTC Student Health Services
851 30th Avenue SE
Rochester, MN 55904
3. By fax: 507-285-7129
4. By e-mail: **HealthServices@rctc.roch.edu**

Allowable Exemptions to Immunization Records:

Check here if you were born before 1957 for the age exemption. You do not have to provide any more information on the rest of this form.

Student Signature: _____

Date: _____

Check here if you graduated from a *Minnesota high school in 1997 or since*. You do not have to provide any more information on the rest of this form.

Name of MN high school: _____

Graduation Year: _____

Student Signature: _____

Date: _____

If you are a graduate of any high school outside of Minnesota, please provide information on opposite page.

Transfer student from another Minnesota college

I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

Student's signature _____ Date _____

Name of previous Minnesota college: _____

Dates of enrollment: from _____ to _____

Medical Exemption: The student named above lacks one or more of the required immunizations because he/she: *(Check all that apply and fill in the appropriate blanks.)*

- has a medical problem that precludes the _____ vaccine
- has not been immunized because of a history of _____ disease
- has laboratory evidence of immunity against _____ disease

Physician's signature _____ Date _____

Conscientious Exemption: I hereby certify by notarization that immunization against

_____ disease is contrary to my conscientiously held beliefs.

Student's signature _____ Date _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Signature of notary _____