



Immunization Verification

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.

Minnesota Law (M.S. 135.14) requires that any student born after December 31, 1956 who did not graduate from a Minnesota High School in 1997 or later and is registering for more than one class at a public or private post-secondary school in Minnesota be immunized against Tetanus/ Diphtheria(Td) and Measles/Mumps/Rubella(MMR). RCTC is required to collect these records. State Law authorizes the Minnesota Department of Health and the local health board to inspect this information. (See parts 1 & 3 of this form for information on exemptions to this law.)

Please use this form to submit your immunization information. All information on this form, except your name, is private data.

PART 1 - Please print legibly.

Student Name (Last, First, Middle Initial)		Student ID# (Stinger ID#)		
Street Address	City	State	Zip	Birthdate
<p><i>Age or MN high school graduate 1997 or later exemption:</i></p> <p>_____ I was born on or before Dec 31, 1956 _____ I graduated from a <u>Minnesota</u> high school in 1997 or later</p> <p><i>If you checked one of these, no further information is required. Sign below and return this form to the address listed below:</i></p> <p style="text-align: center;"><i>Student's signature</i> _____ <i>Date</i> _____</p>				

PART 2 - Immunization Information

IMMUNIZATIONS	Month/Year
Tetanus & Diphtheria (Td) At least one dose within the past 10 years	
Measles (Rubeola, Red Measles) At least one dose after age 12 months	
Mumps At least one dose after age 12 months	
Rubella (German Measles) At least one dose after age 12 months	

I certify that the above information is a true statement of the dates on which I received the immunizations required by Minnesota Law.

Student's signature _____ **Date** _____

PART 3 - Only students wishing to file an exemption to any or all of the required immunizations need to complete the following:

<p><u>Medical exemption</u> The student named above does not have one or more of the required immunizations because he/she has (check all that apply):</p> <p><input type="checkbox"/> a medical problem that precludes the _____ vaccine(s)</p> <p><input type="checkbox"/> not been immunized because of a history of _____ disease</p> <p><input type="checkbox"/> laboratory evidence of immunity against _____</p> <p>Physician's signature _____ Date _____</p>
<p><u>Conscientious exemption</u> I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs. Signature of student _____ Subscribed and sworn before me on this date _____ Signature of notary _____</p>

Please return this form to **RCTC Student Health Services 851 30th Avenue SE Rochester MN 55904**
(507)285-7261 TTY (507)280-2968 Fax (507)285-7129
Or, email immunization information to rctc.healthservices@roch.edu