

# IMMUNIZATION VERIFICATION FORM

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 below). 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.

***The deadline to submit this information is 30 days after the start of your first semester at RCTC.***

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

**Allowable Exemptions to Immunization Records:**

<b>Transfer Exemption:</b> 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 _____	

<b>Medical Exemption:</b> The student named above lacks one or more of the required immunizations because he/she: <i>(Check all that apply and fill in the appropriate blanks.)</i>	
<input type="checkbox"/> has a medical problem that precludes the _____ vaccine	
<input type="checkbox"/> has not been immunized because of a history of _____ disease	
<input type="checkbox"/> has laboratory evidence of immunity against _____	
Physician's signature _____	Date _____

<b>Conscientious Exemption:</b> 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 _____	

<b>1997 or later graduate of a MN High School:</b> I am exempt from these requirements because I graduated from a MN High School in 1997 or later.	
Student's signature _____	Date _____
Name of Minnesota High School: _____ Date of graduation: _____	

<b>Enrolled in on-line only classes:</b> I am exempt from these requirements because I am enrolled only in on-line classes at RCTC. I understand that if I am ever enrolled in an on-campus class I am expected to submit these requirements.	
Student's signature _____	Date _____

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

- In person: SS114 Registration office
- By fax: 507.280.3529
- By mail: RCTC Admissions and Records  
851 30<sup>th</sup> Avenue SE Box 7  
Rochester, MN 55904
- By e-mail: admissions@rctc.edu

Minnesota Law (M.S. 135A.14)  
10/4/18