

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) <i>(at least one dose required within past 10 years)</i> : _____	(Month/ Day / Year) _____
Measles/mumps/rubella (MMR) <i>(at least one dose required at or after 12 months of age)</i> : _____	(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:

Transfer Exemption: 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: <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 _____

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 _____

1997 or later graduate of a MN High School: 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: _____

Enrolled in on-line only classes: 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 Admissions and Records by any of the following methods:

- In person: Welcome and One Stop Center
- By fax: 507.285.7129
- By mail: RCTC Health Services
851 30th Avenue SE Box 5
Rochester, MN 55904
- By e-mail: healthservices@rctc.edu

Minnesota Law (M.S. 135A.14)
10/20/21