



## Immunization Instructions

All students are required to complete a Minnesota State Community and Technical College Student Immunization Form unless they meet exemptions 5 and/or 6 below. Minnesota state law (Minn. Statute 135A.14) requires that students born after 1956 must be immunized against:

- Tetanus/diphtheria (Td): once every 10 years
- Measles/mumps/rubella (MMR): One dose given on or after first birthday (for complete protection against measles, a second MMR vaccine is recommended)

You are required by law to provide M State with the month, day and year of your immunizations on the attached immunization form. Students enrolled at M State who fail to submit the required information within 45 days of the beginning of the semester cannot remain enrolled.

To find out whether you are adequately immunized and the dates of your immunizations, check with your parents, physician's office or high school immunization record. If you cannot obtain the information or have not been immunized according to the law's requirements, schedule an appointment with your physician or clinic immediately.

Exemptions are permitted under the following conditions:

1. **Recent Minnesota High School Graduate Exemption:** Students who graduated from a Minnesota high school in 1997 or later are exempt. If this applies to you, complete Part 1 of the immunization form.
2. **Transfer Student from Another Minnesota Institution:** Students who have met the admission requirements as an enrolled student at another Minnesota institution are exempt. If this applies to you, complete Part 2 of the immunization form (note: depending on the situation, you may be required to complete other sections as required).
3. **Medical Exemption:** An immunization may not be medically advisable for certain persons. If this applies to you or if you have had any of these diseases, complete Part 3 of the immunization form and obtain a physician's signature.
4. **Conscientious Exemption:** Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must complete Part 4, including notarization.

No action is required for the following exemptions. However, if you plan to enroll in multiple courses or on-campus courses, this form must be on record.

5. **Enrolled in Only One Class.** Students who will enroll in one class only are exempt from this requirement.
6. **Online Students.** Students who will enroll solely in online classes are exempt from this requirement.

# Minnesota State Community and Technical College Student Immunization Form

Minnesota law (M.S. 135A, 14) requires that all students born after 1956 and enrolled in a public or private postsecondary school in Minnesota be immunized against diphtheria, tetanus, mumps and rubella, allowing for certain specified exemptions (see below). This form is necessary 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 community health board.

**Student Information:** (\*Required information)

* Student Name (Last, First, Middle Initial)	* Birth Date (Month/Day/Year)	* Student ID or StarID

Check here if you were born before 1957. All students who are not age-exempt must complete part 1, 2, 3 or 4.

**Please print and return to:** M State Central Processing, 1414 College Way, Fergus Falls, MN 56537.

**Part 1: Students graduating from a Minnesota high school in 1997 or later.**

I have previously met the MMR and Td requirements because I graduated from a Minnesota high school in 1997 or later.

Name of high school: \_\_\_\_\_ City: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: 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 postsecondary school in Minnesota.

Name of previous Minnesota college: \_\_\_\_\_

Dates of enrollment: \_\_\_\_\_ to \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3: Medical exemption.**

The student named above does not have one or more of the required immunizations because he/she has (check all that apply and fill in the appropriate blanks):

- A medical problem that precludes the \_\_\_\_\_ vaccine(s).
- Not been immunized because of a history of \_\_\_\_\_ disease.
- Shown laboratory evidence of immunity against \_\_\_\_\_.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4: Conscientious exemption.**

I hereby certify by notarization that immunization against \_\_\_\_\_ is contrary to my conscientiously held beliefs.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Notary signature: \_\_\_\_\_ Date: \_\_\_\_\_