



Immunization Instructions

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

Use **BLACK INK** only.

(*Required information)

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.

Minnesota state law 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)

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

Student 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.

Tetanus/Diphtheria (Td) (at least one dose required within the last 10 years).

* Month/Day/Year

Measles/Mump/Rebella (MMR) (at least one dose required at 12 months)

* Month/Day/Year

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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.
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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: _____