



Immunization Form- International Student Admissions

International students please complete and email as attachment to iss@minneapolis.edu

First Name:

Last Name:

Date of Birth:

Enrollment Term: FALL SPRING Year 20

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). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. 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.

Enter month, day and year of the most recent **Tetanus/diphtheria TD** (at least one dose required within past 10 years). **Measles/mumps/rubella MMR** (at least one dose required at or after 12 months of age)

Measles/mumps/rubella (MMR)

Tetanus/diphtheria (TD)

I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

Student signature

Date

Other Exemption(s)

Medical Exemption: Students who proclaim a medical exemption to any of the required immunizations must complete because:

(Check all that apply and fill in the appropriate blanks.)

- Student has a medical problem that precludes the vaccine
- Student has not been immunized because of a history of disease
- Student has laboratory evidence of immunity against disease

Physician's signature

Date

Conscientious Exemption: (must print and scan after notary signs)

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 on this date

Signature of notary