



**MINNEAPOLIS**  
COMMUNITY & TECHNICAL  
**COLLEGE™**

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Minnesota State Colleges  
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## Immunization Record for Students Attending Post-Secondary Schools

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.

### SECTION A. Student Information

Date \_\_\_\_\_ MCTC ID Number \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Campus Email \_\_\_\_\_@go.minneapolis.edu Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

MCTC is asking you to provide information that includes private and/or confidential information under state and federal law. MCTC is asking for this information in order to address your concern. You are not legally required to provide the information MCTC is requesting; however MCTC may not be able to efficiently address your concern if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interest in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent.

### SECTION B. Immunization Record Information

Date of Birth \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ 20 \_\_\_\_\_

#### Part 1: Exemptions

If you fall into any of the categories below, you are exempt from providing MCTC with immunization information. Check any option that applies and provide all information requested. If you do not qualify for an exemption, complete part 2 of this form.

\_\_\_\_\_ Age Exemption: My date of birth is earlier than January 1, 1957.

\_\_\_\_\_ Graduated from a MN High School 1997 or later: I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) requirements because I graduated from a Minnesota high school in 1997 or later.

Name of Highschool \_\_\_\_\_

City \_\_\_\_\_ Date of Graduation \_\_\_\_\_

\_\_\_\_\_ Transfer student from another MN post-secondary institution: My admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

Name of previous MN post-secondary institution \_\_\_\_\_

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

\_\_\_\_\_ Medical Exemption: A physician's signature is required for a medical exemption.

The student named above lacks one or more of the required immunizations because he/she:  
(Check all that apply and fill in blanks.)

- \_\_\_\_\_ Has a medical problem that precludes the \_\_\_\_\_ vaccine  
\_\_\_\_\_ Has not been immunized because of a history of \_\_\_\_\_ disease  
\_\_\_\_\_ Has laboratory evidence of immunity against \_\_\_\_\_ disease

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Conscientious Exemption: A notarized signature is required for conscientious exemption.

The student named above conscientiously objects to vaccination:

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of notary \_\_\_\_\_ Date \_\_\_\_\_

## Part 2: Immunization Dates

	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
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)				

## SECTION C. Authorization

### Part 1: Exemptions

\_\_\_\_\_ By checking this box, I certify that I qualify for the exemption indicated above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

### Part 2: Immunization Dates

\_\_\_\_\_ By checking this box, I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION D. Form Submission

Forms may be delivered in-person or via fax to the following location:

Student Services Center  
T Building, Second Floor, Room T.2200  
Fax: (612) 659-6245

Minneapolis Community and Technical College will not discriminate against any person because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance or membership in a local commission. MCTC prohibits sexual harassment and sexual violence.