

Student Immunization Form



Student Name _____

Birthdate _____

Minnesota Law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption. You may attach the child's immunization history to this form, or enter the **MONTH, DAY and YEAR** for all vaccines your child received. If there is a medical exemption, enter MED. Medical exemptions include history of the disease, or laboratory evidence of immunity. Enter CO for conscientious exemption, and sign the back of this form.

If you do not have records of your child's immunizations, you may opt to have a **blood-titer test** drawn at your physician's office. You may include the lab test, or indicate the results in the last column.

REQUIRED IMMUNIZATIONS

VACCINE	DESCRIPTION	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	Or Blood Titer-Immune Status and Date of titer test.
DTP, Dtap	Diphtheria, Tetanus Pertussis						Immune/Not Immune Date:
Tdap	Tetanus, Diphtheria, accelerated Pertussis Age 10 and beyond						
Polio	Need 3 doses, last one after age 4						Immune/Not immune Date:
Hepatitis B	Need 3 doses						Immune/Not Immune Date:
Varicella (Chicken Pox)	Minimum age for 1st dose-on or after 1 st birthday 2 doses or history or disease			Or History of Chicken Pox Disease: Date: _____			Immune/Not immune Date:
Meningococcal	After age 10 and a booster at age 16						Immune/Not immune Date:
MMR	Measles, Mumps, Rubella (3 in 1) Need 2 doses after 1 st birthday						Immune/Not immune Date:
OR	Measles	2 doses-after 1 st birthday			Immune/Not Immune Date:		
	Mumps	2 doses-after 1 st birthday			Immune/Not Immune Date:		
	Rubella	2 doses-after 1 st birthday			Immune/Not immune Date:		

Other Immunizations, not required, OPTIONAL

Hepatitis A	Need 2 doses					Immune/Not Immune Date:
HPV (Gardasil)	Need 3 doses					
HIB	Haemophilus B					
Pneumococcal	May have had 4 doses					
Influenza						

Additional exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 1 dose after age 4.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.

Immunization Exemption Form

No student is required to have an immunization if they have a medical contraindication, history of disease, laboratory evidence of immunity, or a conscientious objection. Please choose **one** of the exemption options below and follow the instructions given for that exemption.

OPTION A - Medical Exemption

A doctor / nurse signature is required for this exemption.

Check the reason for the exemption:

- ☐ The student already had the following disease(s):
- [disease name] _____ [month] _____ [year] _____
 - [disease name] _____ [month] _____ [year] _____
 - [disease name] _____ [month] _____ [year] _____
- ☐ The student had a blood titer/lab test on [MM/DD/YYYY] _____ that demonstrates immunity.
- ☐ The student has a contraindication (such as an allergic reaction to a vaccine.)
- ☐ The student's doctor advised against the following vaccines:
- Check all vaccines to which the student is exempt.*
- | | |
|---|--|
| ☐ DTP/Dtap/Tdap | ☐ Hepatitis B |
| ☐ Meningococcal | ☐ Polio |
| ☐ Measles/ Mumps/ Rubella or MMR | ☐ Varicella (chicken pox) |

Signature/stamp of doctor or nurse practitioner: _____

Date of signature: _____

OPTION B - Conscientious Exemption

An official notary public must witness and attest the parent signature for this exemption.

Check the vaccines to which you object:

- | | |
|---|--|
| ☐ DTP/Dtap/Tdap | ☐ Hepatitis B |
| ☐ Meningococcal | ☐ Polio |
| ☐ Measles/ Mumps/ Rubella or MMR | ☐ Varicella (chicken pox) |

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the vaccines noted above.

Signature of **parent or legal guardian**: _____ Date: _____

For **notary**:

Subscribed and sworn to before me this _____ day of _____ 20____

Signature: _____ Stamp/Seal: _____