



## Immunization Instructions

Minnesota law (M.S. 135A.14) requires that all students born after 1965 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.

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.
2. **Transfer Student from Another Minnesota Institution:** Students who have met the admission requirements as an enrolled student at another Minnesota institution are exempt.
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 1 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 2 of the immunization form, 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.

**For all other students, complete Part 3 of the immunization form.**

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.

# Mesabi Range College Student Immunization Form

Please print and return to: Mesabi Range College Admissions Office, 1001 Chestnut St W, Virginia, MN 55792 or [admissions@mesabirange.edu](mailto:admissions@mesabirange.edu).

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

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

**Part 1: 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 2: 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: \_\_\_\_\_

**Part 3: Immunization Information**

Enter the month, day (if applicable), and year of the most recent "booster" for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps and rubella.

	Month/Day/Year	Month/Day/Year
Diphtheria & Tetanus (Td)		
Measles (rubeola, red measles)		
Mumps		
Rubella (German measles)		

For the student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

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