

ST. CLOUD STATE UNIVERSITY Student Immunization Record

_____ compliant

Name <small>Last, First M.I.</small>	Tech ID#	Birthdate <small>Mo. Day Yr.</small>
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Return Address _____
Street City State Zip

Email Address _____

Minnesota Law (M.S. 135A.14) requires students enrolled in a public or private post-secondary school in Minnesota be immunized against measles, mumps, rubella, diphtheria, and tetanus, allowing for certain specified exemptions (see below). This information will be maintained as private information, available to school officials or state health officials who may need such information for public health purposes.

Unless you are exempt by law, as explained below, you are legally required to provide this information no later than 45 days after the start of your first term at SCSU. Anyone who fails to submit the required information will not be allowed to register for any subsequent classes. The Minnesota Department of Health and local health board are authorized by state law to inspect this information.

Exemptions:

- Graduated from a Minnesota high school **after** 1996. Enrolled in only one class, and NOT housed on campus.
- Born **before** 1957 Enrolled in extension or correspondence classes only.

Complete Part 3 for a conscientious exemption. This requires the signature of a notary.

If you are not exempt for any of the above listed reasons, complete Part 1. Enter the month, day, and year of your most recent "booster," shot for diphtheria and tetanus (Td) **(This date must be within the last 10 years.)** All doses of measles, mumps, and rubella vaccine must have been received after the age of 12 months (1 year old). This information may be transferred from personal health records. We do not require copies of these records. Please keep your health records for future use.

For the quickest compliance fill out (Part 1) online www5.stcloudstate.edu/HealthServices/Immunization/login.asp

PART 1	
Diphtheria/tetanus (Td)	Month/day/year: _____
Measles (rubeola, red measles)	Month/day/year: _____
Mumps	Month/day/year: _____
Rubella (German measles)	Month/day/year: _____

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 the Minnesota law.

Student's signature _____ Date _____

Parent's signature (If student is under 18 years of age) _____ Date _____

PART 2

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 3

CONSCIENTIOUS EXEMPTION: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Student's signature _____ Date _____

Parent's signature (If student is under 18 years of age) _____ Date _____

Subscribed and sworn before me on the _____ day of _____ 20 _____

Signature of notary _____

PLEASE RETURN IMMEDIATELY TO:

Student Health Service
St. Cloud State University
720 Fourth Avenue South
St. Cloud, MN 56301-4498



INFORMATION REGARDING MANDATORY REQUIREMENT FOR ENROLLMENT

If you: Were born after 1956,
 Plan to attend St. Cloud State University,
 Take more than one class (other than an extension class),

you are **required** by Minnesota state law (Mn.Stat.135A.14) to provide us with the **month, day and year** you were immunized against diphtheria, tetanus, measles, mumps and rubella. Fill in these dates on the Student Immunization Record form printed on the back of this letter.

To find out if you are adequately immunized against these diseases, begin checking with your parents, family physician, or high school immunization records. Call your high school or doctor's office for assistance if necessary.

An immunization may not be medically advisable for certain persons. If this applies to you, or if you have had any of these diseases, Part 2 of the immunization form must be **signed** by your doctor and returned to us.

Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must have a **notary sign** Part 3 of the form before returning it to us.

You can obtain needed immunizations from your family physician or at the SCSU on-campus Health Service. To schedule an immunization appointment at SCSU Health Services call (320) 308-3193. When all required immunizations have been obtained, fill the immunization form out online or return the form with the month, day and year that you received the immunizations.

Please be sure to use **your full name, Tech ID, birth date, E-mail, and return address** on the form. Record your immunizations and the month, day and year you received them (Part 1), or your medical exemption (Part 2), or your conscientious exemption (Part 3) and return to us. **(Part 2) and (Part 3) must be done on this paper copy and NOT online.**

You are legally required to supply the information requested, according to the instructions contained on the form. A student who has submitted a compliant immunization record to another Minnesota institution may request that this information be transferred to St. Cloud State University.

Anyone enrolled at St. Cloud State University who fails to submit the required information will not be allowed to register for classes any subsequent semesters. The law mandates that students who are noncompliant not be allowed to remain in college.

If you have questions about the immunization law or your status of compliance, please call (320) 308-4856.

**Fill (Part 1) out online www5.stcloudstate.edu/HealthServices/Immunization/login.asp
or
COMPLETE THE STUDENT IMMUNIZATION
RECORD PRINTED ON THE BACK OF THIS
LETTER AND RETURN IMMEDIATELY TO:**

Immunizations
Student Health Services
St. Cloud State University
720 4th Avenue South
St. Cloud, MN 56301-4498

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