



**INFORMATION REGARDING MANDATORY REQUIREMENT FOR ENROLLMENT**

Students are **required** by Minnesota state law (Mn.Stat.135A.14) to provide St. Cloud State University 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.

This applies to students that:

- Were born after 1956,
- Graduated from a Minnesota High School before 1996,
- Plan to attend St. Cloud State University,
- Take more than one class (other than an extension class).

To find out if you are adequately immunized against these diseases, begin checking with your parents, medical provider, or high school immunization records. Call your high school or medical provider’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 filled out and **signed by your medical provider** 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 St. Cloud State’s Student Health Services or your medical provider. To schedule an immunization appointment at St. Cloud State’s Student Health Services call 320.308.3193. A student who has submitted a compliant immunization record to another Minnesota institution may request that this information be transferred to St. Cloud State.

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 1 may be completed online. Part 2 and Part 3 CANNOT be completed online.

You are legally required to supply the information requested. Anyone enrolled at St. Cloud State 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.

Part 1 can be completed online <https://www5.stcloudstate.edu/HealthServices/Immunization/> or

Complete the Student Immunization Record form and return immediately to:

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

Accredited by



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

St. Cloud State University does not discriminate on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regards to public assistance, sexual orientation, gender identity, gender expression, or status as a U.S. veteran. The Title IX coordinator at SCSU is Dr. Ellyn Barges. For additional information, contact the Office for Institutional Equity & Access, (320) 308-5123, Admin. Services Bldg. Rm 102. Contact the sponsoring department/agency listed above.

## St. Cloud State University Student Immunization Record

Full Name (Last, First, MI)	Birthdate (Month/day/year)
Return Address Street, City, State, Zip:	
Email Address:	Tech ID #

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

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 <https://www5.stcloudstate.edu/HealthServices/Immunization/>**

<b>PART 1</b>	
Diphtheria/tetanus (Td)	Month/day/year:
Measles (rubeola, red measles)	Month/day/year:
Mumps	Month/day/year:
Rubella (German measles)	Month/day/year:
<b>For the student:</b> 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.	
<b>Student signature</b>	Date
<b>Parent's signature</b> (if student is under 18 years of age)	Date

<b>PART 2</b>	
<b>MEDICAL EXEMPTION:</b> 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):	
<input type="checkbox"/>	a medical problem that precludes the vaccine(s)
<input type="checkbox"/>	not been immunized because of a history of disease
<input type="checkbox"/>	shown laboratory evidence of immunity against
<b>Medical Provider's signature</b>	Date

<b>PART 3</b>	
<b>CONSCIENTIOUS EXEMPTION:</b> I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.	
<b>Student signature</b>	Date
<b>Parent's signature</b> (if student is under 18 years of age)	Date
<b>Signature of notary</b>	Date
Subscribed and sworn before me on the	day of
	20

**RETURN IMMEDIATELY TO:**  
 Immunizations  
 Student Health Services  
 St. Cloud State University  
 720 4th Ave. S.  
 St. Cloud, MN 56301-4498