

STUDENT IMMUNIZATION RECORD

Social Security Number:	or Tech ID:	Birthdate (month/day/year):
Student Last Name:	First Name:	Middle Name:
Street Address: <input type="checkbox"/> Check here if new address		
City:	State:	Zip:

Minnesota law requires that students born after December 31, 1956, who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions. The law also requires Hennepin Technical College to collect the information requested on this form and maintain the record for one year. **All information on this form, except your name, is private data. Providing your social security number is voluntary. You are legally required to provide the other information.**

- Instructions:**
- Reporting exemptions due to AGE or MN High School graduate status; complete the appropriate section below.
 - Self reporting vaccines; please complete and sign Part 1.
 - Medical reasons for not receiving vaccines report in Part 2. This requires your medical provider's signature.
 - If vaccines are against your conscientiously held beliefs complete Part 3. This requires that a notary public counter sign the form after witnessing your signature.
- Age Exempt: If born before January 1957, you are age exempt. Student Signature: _____
- MN High School Exempt: Only for graduates after January 1997. Please report the following information and sign to complete the requirement.
 High School: _____ Graduation Date: _____ Student Signature: _____

Part 1: Immunization Record	Dates Immunizations Were Received	
Diphtheria/Tetanus (Td) (Report most current-given every 10 years)	Month/Year:	
Measles (rubeola, red measles) (Report 2 doses after age 12 months)	Dose 1 Month/Year:	Dose 2 Month/Year:
Mumps (Report 1 dose after age 12 months)	Month/Year:	
Rubella (German measles) (Report 1 dose after age 12 months)	Month/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 Minnesota law.
 Student Signature: _____ 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(s).

Shown laboratory evidence of immunity against _____ .
 Required Health Care Provider 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: _____

Subscribed and sworn before me on the _____ day of _____, 20____.

Signature and Seal of Notary: _____ Date: _____

FOLD

You must include your return address:

Place
Stamp
Here

Registration Office
Hennepin Technical College
9000 Brooklyn Boulevard
Brooklyn Park, MN 55445

FOLD

FOLD

You must include your return address:

Place
Stamp
Here

Registration Office
Hennepin Technical College
13100 College View Drive
Eden Prairie, MN 55347

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