

# Hennepin Technical College Nursing Student Immunization Record

<b>Student Name (Last/Family, First, Middle Initial)</b>	<b>Birth date</b> / /	<b>Student ID #</b>	<b>Social Security #</b> - -
<b>Street Address</b>	Month Day Year		
<b>City, State, ZIP</b>			

Minnesota law requires all 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 (see Part 2). The law also requires the University to collect the information requested on this form and maintain these records. **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.**

Month / Year you will be attending class \_\_\_\_\_

Check here if you were born before January 1, 1957, for the age exemption.

Physician/Nurse Practitioner required to sign.

Student to fold, enter return address, stamp and mail to address on the back.

- If you wish to file a medical exemption, complete Part 2.
- If you are not exempt for reasons listed above, complete Part 1. Enter the month and year for
  - Most recent "booster" shot for diphtheria/tetanus (must be within last 10 years): and
  - Two doses of measles or MMR vaccine that you received after age 12 months.
  - Dose of mumps and rubella.

Part 1: Immunization Record	Dates Immunizations were received	
<b>Diphtheria/Tetanus (Td)</b> (Must be within last 10 years)	Month/year:	
<b>Measles (rubeola, red measles)</b> (2 doses required after age 12 months)	Month/year Dose 1:	Month/year Dose 2:
<b>Mumps</b> (1 dose after age 12 months)	Month/year:	
<b>Rubella (German measles)</b> (1 dose after age 12 months)	Month/year:	
<b>Varicella (chickenpox)</b> (1 dose)	Month/year:	

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

Physician/Nurse Practitioner signature \_\_\_\_\_ Date \_\_\_\_\_

## Part 2: Medical Exemption

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 \_\_\_\_\_  
(required)