## **University of Minnesota Student Immunization Form**

Complete and submit this form online at z.umn.edu/immunization-form. All University of Minnesota students must complete a Student Immunization Form the first time they register for one or more credits. Please note: Academic Health Center students have different immunization requirements. For more information, please visit https://boynton.umn.edu/registration-holds-immunization-requirements.

Student Name (last name, first name, middle initial)	Birth Date (mm/dd/yyyy)	Student ID Number
Street Address  City, State, Zip	Indicate your first semester a	•
Oily, Oldie, Zip	Year	
A. Minnesota High School or Age Exemption	4007	Mary Mary Mary B. O. and B.
Students who graduated from a Minnesota High School after Janua  I graduated from a Minnesota High School after January 1997. High	•	•
☐ I was born before January 1957.		
Signature		Date/
B. Immunization Record—required for students who are not Minnesota High School or Age Exempt		
Diphtheria/Tetanus (Td): most current, given every 10 years	fonth/year:/	_
Measles (rubeola, red measles): 2 doses after age 12 months	Month/year of Dose 1:/	Month/year of Dose 2:/
Mumps: 2 doses after age 12 months	flonth/year of Dose 1:/	Month/year of Dose 2:/
Rubella (German measles): 2 doses after age 12 months	Ionth/year of Dose 1:/	Month/year of Dose 2:/
I certify that the above information is a true and accurate statement of	f the dates on which I received the immunization	ons required by Minnesota law.
Signature		Date /
C. Medical Exemption—healthcare provider signature req		Date/
	uired	
C. Medical Exemption—healthcare provider signature req Students claiming medical exemption must complete this section and h	uired have a healthcare provider sign below. Your imm	
C. Medical Exemption—healthcare provider signature requestions. Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.	uired have a healthcare provider sign below. Your imm mmunizations due to (check all that apply):	nunization requirement will not be considered fulfilled until this
C. Medical Exemption—healthcare provider signature required Students claiming medical exemption must complete this section and his signed form is received by Boynton Health.  The student named above does not have one or more of the required in the student named above does not have one or more of the required in the student named above does not have one or more of the required in the student named above does not have one or more of the required in the student named above.	uired have a healthcare provider sign below. Your immediate and the sign below immunizations due to (check all that apply):	nunization requirement will not be considered fulfilled until thisvaccine(s).
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Submit to Boynton Health, Attn: Patient Assistance, 410 Church Street S.E., Minneapolis, MN 55455. Or fax to (612) 625-1434. Please keep a copy for your records. 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. The law also requires the University of Minnesota to collect the information requested on this form and maintain the record for one year. 11/22