

# Hamline University Student Immunization Form

Complete and submit this form to Counseling & Health Services. All Hamline University students must complete a Student Immunization Form.

Student Name (last name, first name, middle initial)	Birth Date (mm/dd/yyyy)	Student ID Number
Street Address	Indicate your first semester at Hamline University: (circle one)    Fall    Spring    Summer	
City, State, Zip	Year _____	

## A. Minnesota High School / Age Exemption

Complete this section if you graduated from a Minnesota High School after January 1997 or were born before 1957.

- I graduated from a Minnesota High School after January 1997. High School \_\_\_\_\_ Graduation Year \_\_\_\_\_
- I was born before 1957.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## B. Immunization Record –required for students who are not exempt

**Diphtheria/Tetanus (Td or Tdap):** *most current, given every 10 years.* Month/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.* Month/year of Dose 1: \_\_\_\_/\_\_\_\_ Month/year of Dose 2: \_\_\_\_/\_\_\_\_

**Rubella (German measles):** *2 doses after age 12 months* Month/year of Dose 1: \_\_\_\_/\_\_\_\_ Month/year of Dose 2: \_\_\_\_/\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## C. Medical Exemption—healthcare provider signature required

Students claiming medical exemption must complete this section and have a healthcare provider sign below. Your immunization requirement will not be considered fulfilled until this signed form is received by Counseling & Health Services.

The student named above does not have one or more of the required immunizations due to (check all that apply):

- A medical problem that precludes the \_\_\_\_\_ vaccine(s).
- Not been immunized because of a history of \_\_\_\_\_ disease(s).
- Shown laboratory evidence of immunity against \_\_\_\_\_

Healthcare Provider Name \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## D. Conscientious Objection Exemption –signature and seal of notary required

Students claiming conscientious objection must complete this section and have form notarized. Your immunization requirement will not be considered fulfilled until this signed form is received by Counseling & Health Services.

The student named above hereby certifies by notarization that immunization against the following is contrary to his/her/their conscientiously held beliefs:

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY PUBLIC COMPLETE THIS SECTION: Signature and Seal of Notary \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**Submit to Counseling & Health Services, 1536 Hewitt Ave, MS-1908, St. Paul, MN 55104. Or fax to 651-523-2820. 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 from some exemptions. The law also requires Hamline University to collect the information requested on this form and maintain the record for one year.