



Pupil Immunization Record

FOR SCHOOL USE ONLY
 () Complete; booster required in _____
 () In process; 8 mos. expires _____
 () Medical exemption for _____
 () Conscientious objection for _____

Name _____ Birthdate _____ Student Number _____

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school with information required by the law.

Medical exemption: No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

Enter the MONTH, DAY, and YEAR for all vaccines the pupil received. DO NOT USE (✓) or (✗).
 Vaccines/doses in shaded boxes are recommended but not required by law.

I certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations:

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)					
Diphtheria and Tetanus (DT) - pediatric formulation (<7 yrs)					
Tetanus and Diphtheria (Td) – adult formulation (7yrs)					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) (minimum age: 12 mos)					
Hepatitis B (hep B) *					
Varicella (chickenpox)**					
Pneumococcal Conjugate (PCV)***					
Haemophilus influenzae type b (Hib)***					

 Signature of physician _____ Date

Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):

 Signature of parent or legal guardian _____ Date

Subscribed and sworn to before me this _____ day of _____ 20____

 Signature of notary

History of varicella disease:

I certify that this child had chickenpox disease on this date: _____ (YR) and therefore does not need a varicella shot.

 Signature of parent/legal guardian or physician/public clinic _____ Date

* Hepatitis B is required for kindergarten and 7th grade.
 ** Varicella vaccine or disease history is required for Kindergarten or 7th grade.
 *** PCV and Hib vaccines are recommended only for children through age 4 years.
 Note for school personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+Hib, Hib+HBV) in each applicable space.

Indicate immunization status and source of above information by choosing one of the following:

I certify that this student has received all immunizations required by law.

 Signature of parent/guardian or physician/public clinic _____ Date

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7th), varicella (K + 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

 Signature of physician/public clinic _____ Date

Additional exemptions

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 7 years of age or older:** Do not need pertussis vaccine.
- **Students 18 years of age or older:** Do not need polio vaccine.