Winona State University

STUDENT IMMUNIZATION REQUIREMENT

All students born after December 31, 1956 and who are enrolled in a Minnesota college or university must be immunized against diphtheria, tetanus, measles, mumps, and rubella. The law requires WSU to collect and maintain these records. The Minnesota Department of Health and local health board is authorized by state law to inspect this information. All information on this form, except your name, is private data. While providing your Social Security number is voluntary, you are legally required to provide the other information. This law allows for some exceptions (see age-part 1, medical-part 3, or conscientious exemption-part 4).

**Part 1**

**Demographic information** - Print legibly.

<table>
<thead>
<tr>
<th>Student Name (last, first, middle initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #</td>
</tr>
<tr>
<td>Indicate the first semester you attended WSU:</td>
</tr>
<tr>
<td>Fall</td>
</tr>
<tr>
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*(If you checked one of these boxes complete Part 1 and sign at bottom of Part 2)*

**Part 2**

**REQUIRED IMMUNIZATIONS:**

- **Diphtheria/Tetanus (Td)**
  - Most Recent
  - Mandatory immunization: Indicate month/year of most recent booster shot *(must be within 10 years)*
  - One dose is mandatory but two doses are recommended.
  - Indicate month/year for all doses after age 12 months.

- **Measles (Rubeola, red measles)**
  - First dose
  - Second dose
  - One dose is mandatory but two doses are recommended.
  - Indicate month/year for all doses after age 12 months.

- **Mumps**
  - First dose
  - Second dose
  - One dose is mandatory but two doses are recommended.
  - Indicate month/year for all doses after age 12 months.

- **Rubella (German measles)**
  - First dose
  - Second dose
  - One dose is mandatory but two doses are recommended.
  - Indicate month/year for all doses after age 12 months.

**RECOMMENDED IMMUNIZATIONS:**

- **Hepatitis A**
  - First dose
  - Second dose
  - Not Mandatory. A 2-dose series is recommended for certain persons at increased risk and others wishing to obtain immunity, especially international travelers.

- **Hepatitis B**
  - First dose
  - Second dose
  - Third dose
  - Not Mandatory. It is recommended that persons at increased risk should have completed a 3-dose series.

- **Meningitis**
  - Most Recent
  - Not Mandatory

- **Tuberculosis Screenings**
  - Date given
  - Date read
  - Results (mm)
  - Not Mandatory

- **Additional TB Screening**
  - Date given
  - Date read
  - Results (mm)
  - Not Mandatory

**I certify that the above information is a true and accurate statement of dates on which I received the immunizations required by Minnesota law.**

Student’s Signature __________________________ Date __________________________

**Part 3**

**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 __________________________

**Part 4**

**Conscientious Exemption**

*I hereby certify by notarization that immunization against ______________________________ is contrary to my conscientiously held beliefs.*

Student’s Signature __________________________ Date __________________________

Signature of notary __________________________ Date __________________________

If you have any questions, call Student Health Service at (507) 457-5160. FAX: (507) 457-2326