



# Pupil Immunization Record

FOR SCHOOL USE ONLY

- Complete; booster required in \_\_\_\_\_
- In process; 8 mos. Expires \_\_\_\_\_
- Medical exemption for \_\_\_\_\_
- Conscientious objection for \_\_\_\_\_

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Birthdate \_\_\_\_\_

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.

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.

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) – formulation for <7 yrs					
Tetanus and Diphtheria (Td, Tdap) – formulation for ≥7 yrs					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) (minimum age: on or after 1 <sup>st</sup> birthday)					
Hepatitis B (hep B)*					
Varicella (chickenpox)**					
Pneumococcal Conjugate (PCV)***					
Haemophilus influenzae type b (Hib)***					
Meningococcal (MPSV4, MCV4)					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					
Rotavirus					

\* Hepatitis B is required for kindergarten and 7<sup>th</sup> grade.

\*\* Varicella vaccine or disease history is required for kindergarten or 7<sup>th</sup> 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 + T<sup>†</sup>), varicella (K + T<sup>†</sup>), 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 \_\_\_\_\_

**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:

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

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 \_\_\_\_\_

## Additional exemptions

- **Children less than 7 years of age:** The 5<sup>th</sup> dose of DTaP/DTP/DT (similarly, the 4<sup>th</sup> dose of polio vaccine) is not necessary if the 4<sup>th</sup> DTaP/DTP/DT (3<sup>rd</sup> dose of polio) was administered after the 4<sup>th</sup> birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7<sup>th</sup> birthday but before their 1<sup>st</sup> birthday. Instead, it will be required 10 years after the date of the most recent dose.
- **Students 11-15 years of age:** A 3<sup>rd</sup> dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.
- **Students 18 years of age or older:** Do not need polio vaccine.

Immunization Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-5503 or 1-800-657-3970  
www.health.state.mn.us/immunize  
(1/2/2007) IC#140-0155