

## PUPIL HEALTH IMMUNIZATION RECORD

NAME	STUDENT NUMBER
BIRTH DATE	

FOR SCHOOL USE ONLY
<input type="checkbox"/> Complete; booster required in _____
<input type="checkbox"/> In process; 18 mo. expires _____
<input type="checkbox"/> Medical exemption for _____
<input type="checkbox"/> Conscientious objection for _____

Minnesota Statutes Section 121A.15 requires that all children who are enrolled in a Minnesota school be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B\* allowing for certain specified exceptions (see reverse side). This form is designed to provide the school with information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

Enter the MONTH, DAY and YEAR for all vaccines the pupil received. DO NOT USE (v) OR (X).

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 (>7 yrs)					
Polio (IPV, OPV)					
Measles, Mumps & Rubella (MMR) (minimum age: 12 mos)					
Hepatitis B (HBV)*					
<i>Haemophilus influenzae</i> type b (Hib)**					
Varicella (Chickenpox)***					

\* HBV will be required for kindergarten enrollees in 2000-01 and both kindergarten and 7th grade enrollees in 2001-02.

\*\* Hib vaccine is recommended only for children through age 4 years.

\*\*\* Varicella vaccine is recommended, but currently not required.

*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., DTP+Hib, Hib+HBV) in each applicable space.*

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

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\*, measles, mumps and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B\*, and/or polio vaccine series within the next 18 months. The dates for which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of physician or public clinic

\_\_\_\_\_  
Date

*Continued on reverse side*

# LEGAL EXEMPTIONS TO MINNESOTA SCHOOL IMMUNIZATION LAW

- Students 7 years of age or older do not need pertussis vaccine.
- Students 18 years of age or older do not need polio vaccine.
- **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 hereby 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 hereby 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*

## Special Exceptions for DTP, Td and Polio

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 given 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.

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