

HAMLIN UNIVERSITY
IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS

Name			FY__ So__ Jr__ Sr__ Other__		
Last	First	Middle initial	Law__ Graduate School__		
Mailing Address					
Street		City	State	Zip	-
Birthdate			Social Security #		
High School		City	State	Date Graduated:	
I certify that the information below is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.					
Student's signature:				Date:	

Minnesota Law (M.S.135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). **You are legally required to provide this information. You will not be allowed to complete registration if this information is not provided.** Your high school or childhood clinic may have a copy of your records. The Minnesota Department of Health and local health board are authorized by state law to inspect this information.

INSTRUCTIONS:	
<u>For Students Who Have Graduated from a Minnesota High School in 1997 or later:</u>	
<input type="checkbox"/> Check here for the graduation exemption if you graduated from a Minnesota High School in 1997 or later. <u>Sign above</u> , and return this form to the address on the back. You must return this form even if you are exempted by graduation information. Complete the immunization dates if you would like this information on file at the University to be used for future reference and follow-up healthcare.	
<u>For Students Born before January 1, 1957:</u>	
<input type="checkbox"/> Check here if you were born before January 1, 1957, for the age exemption. <u>Sign above</u> , and return this form to the address on the back. You must return this form even if you are exempted by age.	
<u>For Students Born after December 31, 1956 and not graduating from a Minnesota high school in 1997:</u>	
Enter the month, day (if available) and year of the most recent "booster" for diphtheria and tetanus (<u>must be within the last ten years</u>) and <u>for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.</u> Dates of diseases are not acceptable unless documented by a physician. We advise keeping a copy of this form for your record. Please sign above.	
	Month/Day/Year
Diphtheria & Tetanus (Td) [must be within the last 10 years]	
Measles (rubeola, red measles) [must be after 12 months of age and after 1963]	
Mumps [must be after 12 months of age and after 1968]	
Rubella (German measles) [must be after 12 months of age and after 1969]	

Students wishing to file a medical exemption to any or all of the required immunization must complete the medical exemption on the reverse side of this form.

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS
 ON THE BACK BY THE FIRST WEEK OF CLASSES
 OR RETURN IT WITH YOUR REGISTRATION MATERIAL.**

ADDITIONAL IMMUNIZATION INFORMATION:

Minnesota state law requires the minimum protection from measles, mumps, and rubella (MMR). The Center for Disease Control, The American Pediatrics Association, the Minnesota Department of Health, and the American College Health Association all recommend that persons born after December 31, 1956 receive a 2nd shot, a booster for MMR sometime after the age of 5 years.

Students born before 1957 are considered to have a natural immunity to measles, mumps, and rubella, but not to tetanus and diphtheria. You are strongly advised to have a tetanus/diphtheria booster every ten years. You may want to talk to a health care provider regarding your measles, mumps and rubella immunization status.

We will be glad to keep this information on file for you.

The following immunizations are RECOMMENDED, but not required

VARICELLA (Chicken Pox) Two doses of vaccine given at least one month apart if no history of having chicken pox.

1 ___ History of disease ___ Yes ___ No

2 ___ Varicella antibody test ___/___ ___ Reactive (+) ___ Non-reactive (-)
Mo Yr

3 ___ Varivax immunization Dose #1 ___/___/___ Dose #2 (given at least one month after 1st dose) ___/___/___
Mo Day Yr Mo Day Yr

HEPATITIS B Three doses of vaccine or positive surface antibody test

1 ___ Hepatitis vaccination Recombivax ___ Engerix B ___ #1 ___/___/___ #2 ___/___/___ #3 ___/___/___
Mo Day Yr Mo Day Yr Mo Day Yr

2 ___ Hepatitis B Surface Antibody Results: ___ Reactive (+) ___ Non-reactive (-) Test Date ___/___/___
Mo Day Yr

MENINGOCOCCAL VACCINE (Menomune-A, C, Y, W-135)

Recommended by American College Health Association for students living in dorms, or any student under age 25

1 dose ___/___/___
Mo Day Yr

Students wishing to file a medical exemption to any or all of the required immunization must complete the following:

Medical exemption: This information must be documented by a physician. The student named on the reverse side does not have one or more of the required immunizations because he/she has (check all that apply):

- a medical problem that precludes the _____ vaccine(s).
- not been immunized because of a history of _____ disease.
- laboratory evidence of immunity against _____.

Physician's signature _____ Date _____

Students wishing to file a conscientious exemption should contact Counseling & Health Services.

Please return this form to: **Counseling & Health Services
Hamline University
Mail Stop C1908
1536 Hewitt Avenue
St. Paul, MN 55104**

Counseling & Health Services is located in Manor Hall basement, room 16, 651-523-2204.