Immunization Record
2015-16
Student Affairs Office

Minnesota State 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. MCAD students must submit this form showing that these immunizations are current before classes begin. If you were born in 1956 or earlier, fill in your name and date of birth only.

(Once completed, please return this form to MCAD Student Affairs Office.)

STUDENT'S NAME

DATE OF BIRTH

1. Enter the month and year of your most recent booster for diphtheria and tetanus (Td). To be current, this must have been within the last ten years. If your immunizations are not current according to these guidelines, you must be re-immunized.

Diphtheria & Tetanus (Td)

MONTH

YEAR

2. Enter the month and year of your most recent immunizations for measles, mumps and rubella (MMR). To be current, they must have been given after your first birthday. If your immunizations are not current according to these guidelines, you must be re-immunized.

Measles, Mumps, Rubella (MMR)

MONTH

YEAR

I certify that the above is a true and accurate statement of the dates on which I received the immunizations required by Minnesota State law. Meningitis Information Acknowledgement: I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life-threatening illness.

STUDENT'S SIGNATURE / PARENT OR GUARDIAN'S IF UNDER THE AGE OF 18

DATE

(If claiming Medical or Conscientious Exemption, please fill out the back of this page.)

Please return this form to:
MCAD Student Affairs Office

Minneapolis College of Art and Design
2501 Stevens Avenue, Minneapolis, MN 55404
www.mcad.edu

For questions call or email:
(612) 874-3738
student_affairs@mcad.edu
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Medical Exemption
Fill out only if: The student named does not have one or more of the required immunizations because he/she has:

- a medical condition that precludes the vaccine(s) for: ________________________________
  DISEASE

- has not been immunized because of a history of: ________________________________
  DISEASE

- laboratory evidence of immunity against: ________________________________
  DISEASE

________________________________________________________________________________
PHYSICIAN’S SIGNATURE DATE

Conscientious Exemption
Fill out only if: The student named does not have one or more of the required immunizations because immunization is against his/her conscientiously held beliefs.

I hereby certify by notarization that immunization against: ________________________________

- is contrary to my conscientiously held beliefs. ________________________________
  DISEASE

________________________________________________________________________________
STUDENT’S SIGNATURE DATE

________________________________________________________________________________
SUBSCRIBED AND SWORN TO SIGNATURE OF NOTARY
BEFORE ME ON THIS DATE

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