Immunization Record

2016-17
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: __________________________

DISEASE

___________________________________________________________________________

STUDENT’S SIGNATURE  DATE

SUBSCRIBED AND SWORN TO
BEFORE ME ON THIS DATE

SIGNATURE OF NOTARY

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