



# Pupil Immunization Record

FOR SCHOOL USE ONLY  
 Complete; booster required in \_\_\_\_\_  
 In process; 8 mos. expires \_\_\_\_\_  
 Medical exemption for \_\_\_\_\_  
 Conscientious objection for \_\_\_\_\_

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

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.

**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:

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.

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

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
<b>Diphtheria, Tetanus, and Pertussis</b> (DTaP, DTP)					
<b>Diphtheria and Tetanus (DT) -</b> pediatric formulation (<7 yrs)					
<b>Tetanus and Diphtheria (Td) – adult</b> formulation (7yrs)					
<b>Polio (IPV, OPV)</b>					
<b>Measles, Mumps, and Rubella</b> (MMR) (minimum age: 12 mos)					
<b>Hepatitis B (hep B) *</b>					
<b>Varicella (chickenpox)**</b>					
<b>Pneumococcal Conjugate (PCV)***</b>					
<b>Haemophilus influenzae type b</b> (Hib)***					

\_\_\_\_\_  
 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

\* 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.

**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

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

- 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 and 3 doses of polio vaccine meets the minimum requirements of the law.
  - **Students in grades 7-12:** A Td 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 11<sup>th</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 7 years of age or older:** Do not need pertussis vaccine.
  - **Students 18 years of age or older:** Do not need polio vaccine.

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 + 7<sup>th</sup>), varicella (K + 7<sup>th</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