

IMPORTANT IMMUNIZATIONS REQUIREMENTS

All students born after 1956 who did not graduate from a Minnesota high school in 1997 or later are required to be in compliance with the Minnesota College Immunization Law (Minn Stat 135A. 14). This law was enacted by the Minnesota Legislature in the Spring of 1989 in response to the growing concern over outbreaks of vaccine-preventable disease such as measles and mumps on college campuses. Not only have these diseases caused unnecessary suffering among students, but also significant disruption of campus activities occurred as well. We want to make sure that none of these preventable diseases will interrupt your studies while at Augsburg College.

In order to show compliance with this law, complete the enclosed immunization record with the dates you received your most recent “booster” for tetanus and diphtheria, and also the dates of your most recent shot(s) against measles, mumps, and rubella. The law requires that you record both the month and year of these immunizations, that the tetanus and diphtheria “booster” be within the last ten years, and that the measles, mumps, and rubella shots all be given after the first birthday. Certain exemptions for medical or philosophical reasons are permitted.

If you are up-to-date with your immunizations, you need only fill in the dates and other information requested. If you cannot find these dates on your personal health records, you may be able to get them from your physician or clinic where you received your shots. If you attended an elementary or secondary school in Minnesota, you may be able to get a copy of the records from your school. **You will need to complete, sign, date and return this form. A form or letter from your doctor or clinic is not an acceptable substitute.**

If you have not been immunized according to the school law requirements, schedule an appointment with your physician/clinic. **Please note, the law requires you to submit this information to Augsburg College within 45 days of the beginning of the term in order to remain enrolled and this requirement includes all new and returning students. Registration holds will be placed on student files after the term begins for those who have not turned in a completed immunization form.**

Thank you for your prompt attention to this matter.

OPTIONS: PROVIDE IMMUNIZATION INFORMATION (Section 1) OR VERIFY EXEMPTION (Section 2) NURSING STUDENTS MUST COMPLETE SECTION 3 ALSO

Section 1 – IMMUNIZATION RECORD FOR STUDENTS ATTENDING POST-SECONDARY SCHOOLS

Name (First - Middle - Last)	Student ID# (if known) or SS#
Birth Date _____	

Enter the month and year of the most recent “booster” for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

	MM/YYYY	MM/YYYY
Diphtheria & Tetanus* (Td)		
Measles* (rubeola, red measles)		
Mumps*		
Rubella* (German measles)		

For the student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

Signature _____ **Date** _____

Students wishing to file an exemption to any or all of the required immunizations must complete Section 2 (on reverse side)

Section 2 – VERIFY EXEMPTION

You do not have to provide immunization dates in Section I if you meet one of the following exemptions. Please indicate if this applies to you and return the form.

Name (First - Middle - Last)	Student ID# (if known) or SS#
Birth Date _____	

Age Exemption: Born on or before 12/31/1956

Student's Birthdate _____

High School Exemption: Graduated from a Minnesota public or private high school in 1997 or later.

Name of High School: _____ Year of Graduation: _____

For the student: *I am exempt from this requirement based on the information I have provided above on this form.*

Signature _____ **Date** _____

Medical Exemption: the student named above 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 _____

Signature of Physician _____ **Date** _____

Conscientious Exemption: I hereby certify by notarization the immunization against _____ is contrary to my conscientiously held beliefs.

Signature of Student: _____ **Date** _____

Subscribed and sworn before me on the _____ day of _____ 20_____

Signature of Notary _____

Section 3 – REQUIRED FOR NURSING STUDENTS ONLY

Polio Sabin - oral (Required**)		
Hepatitis A vaccine (Required**)		
Hepatitis B vaccine (Required**)		
Yellow Fever (Required once every 10 years if traveling in infected areas. See current CDC recommendations***)		
Rubella Titer (Required**)		
Tuberculin Test (Required within last year**)		
Typhoid (Recommended***)		
Varicella - Chicken Pox (History of infection or immunization required**)		

* Required by college. **Required by Department of Nursing. ***Recommended by Department of Nursing for Travel Abroad.

It is your responsibility to keep your immunizations up to date. Note: Some immunizations are required for participating in study abroad courses through Augsburg College, others are strongly recommended. Malaria prophylaxis is also strongly recommended if traveling to areas where Malaria is present. Please check with your health care provider to get the necessary prescriptions and immunizations.

For the student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

Signature of Student _____ **Date** _____