

Immunization Form

Important Information

- Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions.
- You must complete, sign, date, and return this form within 45 days of the beginning of your first semester in order to remain enrolled. This form is required of all students. A record or letter from your doctor or clinic is not an acceptable substitute.**
- If you have not been immunized according to the requirements of the state, schedule an appointment with your physician/clinic. It is your responsibility to keep your immunizations current.
- If you have questions, please contact the Registrar's office at registrar@augsborg.edu or 612-330-1036.

How to Submit

In person:
Enrollment Center
Sverdrup Hall 101

By mail:
Augsburg University
Registrar's Office, CB 71
2211 Riverside Avenue
Minneapolis, MN 55454

By email or fax:
registrar@augsborg.edu
Fax: 612-330-1425

Student Information

Name (last, first, middle initial): _____

Student ID: _____ Date of Birth: _____

☐ **Age Exemption:** Check here if you were born before 1957. *Complete this part only and submit.*

All students who are not age-exempt: Complete parts 1, 2, 3, or 4 below.

Part 1: Minnesota High School Graduate: Graduated from a **Minnesota** public or private high school in 1997 or later.

I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) or Tdap (tetanus, diphtheria, pertussis) requirements because I graduated from a Minnesota high school in 1997 or later. *Complete this part only and submit.*

Name of High School: _____ City: _____ Year of Graduation: _____

Student Signature (required): _____ Date: _____

Part 2: Student from another Minnesota college

I am exempt from these requirements because my admissions records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota. *Complete this part only and submit.*

Name of Previous Minnesota College: _____ Dates of Enrollment: From _____ To _____

Student Signature (required): _____ Date: _____

Part 3: Students who graduated from a Minnesota high school before 1997, students from out of state, or international students.

	MM/DD/YY	MM/DD/YY	MM/DD/YY
Tetanus/diphtheria (Td or Tdap) <i>(at least one dose required in the past 10 years)</i>			
Measles/mumps/rubella (MMR) <i>(at least one dose required at or after 12 months of age)</i>			

Student Signature (required): _____ Date: _____

Part 4: Other Exemption(s)

Medical: The student named above does not have one or more of the required immunizations because they:

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

Physician Signature (required): _____ Date: _____

Conscientious: Immunization is contrary to conscientiously held beliefs. Must be signed in the presence of a notary.

I hereby certify by notarization that the following immunization is against my conscientiously held beliefs: _____

Student Signature (required): _____ Date: _____

Notary Signature (required): _____ Date: _____

Office Use Only

Received date: _____ Entered by: _____ Entered date: _____