

# 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@augsburg.edu](mailto:registrar@augsburg.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@augsburg.edu](mailto:registrar@augsburg.edu)  
Fax: 612-330-1425

## Student Information

Name (last, first, middle initial): \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_ 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: Transfer Student from a 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: \_\_\_\_\_