



1355 West Highway 10
Anoka, MN 55303

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Immunization Form

If you were born after **1956** or if you graduated from a **Minnesota High School prior to 1997**, you need to complete all three steps of this form and submit it to the Admissions Office.

Exemptions are indicated on the reverse side.

1 Name _____
LAST FIRST MI
 SSN# _____ Date of Birth _____

Minnesota 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 and rubella allowing for certain specified exemptions. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

2 Enter the month, day (if available), and year of your most recent "immunization" 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.

	Month/Day/Year	Month/Day/Year
Diphtheria and Tetanus (Td)		
MMR (Measles, Mumps, Rubella)		

3 I certify that the above information is true and accurate statement of the dates on which I received the immunization required by Minnesota Law.

Student's Signature _____ Date _____

Immunization Exemption Form

You may be exempt from providing your immunization record for one of the reasons below. Please complete all three steps of this form and provide any verification information that is requested and submit it to the Admissions Office.

If none of these exemptions apply to you, please complete the reverse side.

1 Name _____
LAST FIRST MI
SSN# _____ Date of Birth _____

Minnesota 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 and rubella allowing for certain specified exemptions. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

2 I am exempt from providing immunization records because:

_____ I was born before 1957 (You MUST provide your date of birth above)

_____ I graduated from a Minnesota High School in 1997 or later (You must provide us with the name of your high school, the city it is located in, and the month and year of your graduation.)

_____ I am a transfer student from another Minnesota college.

Name of previous Minnesota College _____
Dates of enrollment from _____ to _____

_____ I am enrolling in ONLY Web-Based or Off-Campus Courses (If, at any time, you enroll in on-campus courses, you will be required to provide immunization information). If you did not receive a diploma and/or you received a GED or were home schooled, you must complete the reverse side of this form.

_____ Medical Exemption (Please complete the following)

The student named above does not have one or more of the immunizations because he/she has: (check all that apply)

_____ A medical problem that precludes the _____ vaccine(s).
_____ Not been immunized because of history of _____ disease.
_____ Laboratory evidence of immunity against _____.

Physician's Signature _____ Date _____

_____ Conscientious Exemption (Please complete the following information)

I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

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

Signature of notary _____

3 Student's Signature _____ Date _____