

## Immunization Exemption Form

Student Name (Last, First, M.I.)	Date of Birth	Student ID/StarID
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Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. 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 health agency.

**Medical Exemption:** The student named above lacks one or more of the required immunizations because the student has:  
*(check all that apply and fill in the appropriate blanks.)*

a medical problem that precludes the \_\_\_\_\_ vaccine

not been immunized because of a history of \_\_\_\_\_ disease

laboratory evidence of immunity against \_\_\_\_\_ disease

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

**Conscientious Exemption:** I hereby certify by notarization that immunization against \_\_\_\_\_ disease is contrary to my conscientiously held beliefs.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of notary \_\_\_\_\_ Date \_\_\_\_\_