



North Hennepin
Community College

Immunization Record

Records and Registration Office
7411 85th Avenue North
Brooklyn Park, MN 55445-2299
www.nhcc.edu/registration
Email: registration@nhcc.edu
Fax: 763-493-0563

Name: _____ Student ID or SSN: _____
Last First

Minnesota Law (M.S. 135A.14) requires that all student born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, mumps, and rubella, allowing for certain specified exemptions (see below). 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.

Enter the dates of each of the vaccinations below. Your booster for diphtheria and tetanus must be within the last 10 years. Your vaccine for measles, mumps, and rubella must have been after 12 months of age.

Instructions	Immunization	Month/Year
Must be after 12 months of age	Measles (rubeola, red measles)	
	Mumps	
	Rubella (German Measles)	
Must be within the last 10 years	Diphtheria & Tetanus (TD)	

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*

Student's signature: _____ Date: _____

Note: This information will be released to the Minnesota Dept. of Health. Copies of the record are not available from NHCC. Retain a copy for future use. Return form to Records and Registration Office.

Students wishing to file an exemption to and or all required immunization(s) must complete the following:

Medical Exemption: *The student named above does not have one or more of the required immunizations because she/he 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 _____.

Physician's signature: _____

Date: _____

Conscientious Exemption: *I hereby certify by notarization that 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: _____