

Student Name \_\_\_\_\_

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_  
Date

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Public Clinic

\_\_\_\_\_  
Date

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_  
Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date