

SJU IMMUNIZATION RECORD

Please have health care provider (physician, nurse practitioner, nurse, or physician assistant) sign this form and either complete immunization record information on the form OR attach clinic immunization record. Provider signature is required and serves as a statement that the student is in compliance with required immunizations. Mail completed form to: Counseling & Health Promotion/Immunization Record, St. John's University, Mary Hall 10, Collegeville, MN 56321 **DUE DATE: June 15th if starting classes in August, February 1st if starting in January.**

Name: _____ Birth Date: _____
Last First Middle Month Day Year

Email: _____ Home Phone: (____) _____ Cell Phone: (____) _____

REQUIRED IMMUNIZATIONS

MMR (Measles, Mumps, Rubella)

Dose 1 given at age 12 months or later. Dose 2 given at least 28 days after first dose. Two doses required prior to entrance.

Dose 1: ____/____/____ Dose 2: ____/____/____
Month Day Year Month Day Year

TD/Tdap (Tetanus-Diphtheria) One dose required within the last 10 years.

Dose 1: ____/____/____ Td or Tdap
Month Day Year

This student is in compliance with Minnesota Law governing immunizations for post secondary students.

Provider Signature (required): _____ Date: _____

Print Name (required): _____

Clinic Name (required): _____ Clinic Phone (required): _____

Clinic Address (required): _____

⌘ A medical exemption requires a provider signature below, as well as provider and clinic information above. ⌘
A conscientious exemption requires your signature and a notary's signature and stamp.⌘

CONSCIENTIOUS/RELIGIOUS EXEMPTION

Must fill out if unable to meet required immunizations due to conscientious or religious belief, and MUST be notarized.

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

Student Signature: _____ Date: _____
(or parent or legal guardian if under 18 years of age)

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

Signature of Notary: _____

MEDICAL EXEMPTION

Must be completed if unable to meet required immunizations due to medical contraindications.

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Signature of Medical Professional: _____ Date: _____

REQUIRED FOR INTERNATIONAL STUDENTS: TUBERCULOSIS SCREENING

A tuberculin skin test (TST or Mantoux) is required for all international students, unless the student has a history of a positive TST. A history of BCG vaccination should not preclude testing.

- Does the student have a history of +TST? No Yes
If no, proceed to question 2. If yes, proceed to question 3.
 - Tuberculin Skin Test:
Date Given: ____/____/____ Date Read: ____/____/____
Month Day Year Month Day Year
 - Check X-Ray (required if TST is positive) Normal Abnormal
Date of Chest X-Ray: ____/____/____
Month Day Year
- Result: _____ (Record actual mm of induration; if no induration, write "0")
- Interpretation (based on mm of induration as well as risk factors):
 Positive Negative

If a student has a + TST, recent or in the past, is the student now considered free of active TB? No Yes

Provider Signature (required): _____ Print Name: _____

Minnesota Law (M.S. 135A.14) requires proof that all post-secondary students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions. **Any non-exempt student who fails to submit the required information will have a hold put on their registration.** 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.

Please keep a copy of this form for your records.