



Medical History/Immunization Form

Date _____

Name _____

Date of Birth _____

Medical History: To be filled out by the student and reviewed by their health care provider. Information on medical history is confidential and released only to persons authorized in writing.

Past Medical History

Major illness (list, date — use reverse side for more space) _____

Surgeries (list, date) _____

Hospitalizations (list, date) _____

Accidents/Injuries (list, date) _____

Allergies to medication _____

Current medications and dosage _____

Over the counter & herbal medicines _____

Any special dietary restrictions? _____

Family History

	✓ Living	✓ Dead	Medical Problems With This Relative
Father			
Mother			
Sibling			
Sibling			
Sibling			

Immunizations

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for 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.

Student from out-of-Minnesota	MM/DD/Year	MM/DD/Year	MM/DD/Year
*Tetanus, diphtheria, pertussis (Td/Tdap) (Single dose within the last 10 years)			
*Measles/mumps/rubella (MMR) (at least one dose required after 12 months of age)			
**Human Papillomavirus, Varicella, Influenza, Pneumococcal, Hepatitis A, Hepatitis B, and Meningococcal (see attached schedule)			

* Required **Recommended

Tuberculosis: A Mantoux Skin Test with results within the past 12 months prior to the first day of classes regardless of prior BCG inoculation. If the skin test is positive or the student has a history of a positive skin test, then a chest X-ray result within the past 12 months prior to the first day of classes is required. Date of skin test ____/____/____ Circle result of skin test: + -
Date of chest X-ray ____/____/____ Result of chest X-ray _____

Medical Exemption: The student named above does not have one or more of the required immunizations because he/she 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.
- shown to have laboratory evidence of immunity against _____.

Physician's Signature _____

Date _____