Hennepin Technical College℠

Immunization Instructions

Immunization Requirement

All students are required to complete a Hennepin Technical College Student Immunization Record form (unless they meet exemptions 5 and/or 6 below). Minnesota State Law (Minn. Statute 135A.14) requires that students born after December 31, 1956, must be immunized against:

- Tetanus/Diptheria (Td): once every ten years
- Measles/Mumps/Rubella (MMR): One dose given on or after first birthday (for complete protection against measles, a second MMR is recommended)

You are required by law to provide Hennepin Technical College with the month, day and year of your immunizations on an HTC form/eForm. Fill out all sections that apply to you and return it to Hennepin Technical College Enrollment Services by mail or in person, or submit the eForm online. **Anyone enrolled at Hennepin Technical College who fails to submit the required information within 45 days of the beginning of the semester cannot remain enrolled.**

Note: Student signature is not required when forms are submitted via the Hennepin Technical College eForm found at hennepintech.edu/current-students/forms.html. However, Physician and/or Notary signatures ARE REQUIRED in the case of Part 4: Other Exemptions. Forms signed by a Physician and/or Notary may be submitted to HTC in person, mailed, or as an attachment to the eForm submitted online.

To find out whether you are adequately immunized against these diseases and the dates of your immunizations, check with your parents, family physician, or high school immunization records. Call your high school or doctor's office for assistance if necessary. If you cannot produce the information or have not been immunized according to the law's requirements, schedule an appointment with your physician or clinic today.

Exemptions

Exemptions are permitted under the following conditions:

1. **Recent Minnesota High School Graduate Exemption**
   Students who graduated from a Minnesota high school in 1997 or later are exempt. If this applies to you, complete Part 1 of the immunization form.
2. **Transfer Student from another Minnesota Postsecondary Institution**
   Students who have met the admission requirements as an enrolled student at another Minnesota postsecondary institution are exempt. If this applies to you, complete Part 2 of the immunization form (note: depending on the situation, you may be required to complete other sections as required).
3. **Medical Exemption**
   An immunization may not be medically advisable for certain persons. If this applies to you, or if you had any of these diseases, Part 4 of the immunization form must be signed by your doctor.
4. **Conscientious Exemption**
   Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must complete and have notarized the bottom portion of the immunization form.

No action is required for the following exemptions. However, if you plan on enrolling in multiple courses/on-campus, this form must be on record, or you will not be allowed to enroll.

5. **Enrolled in Only One Class**
   Students who will enroll in one class only are exempt from this requirement.
6. **Online Student**
   Students who will enroll solely in online classes are exempt from this requirement. *NOTE: If you are in an online-only program and will never take courses on campus, but you are unable to register due to an Immunization Hold, you may either submit this form, or contact HTC's Registrar's Office to discuss other possible options.*

Hennepin Technical College

STUDENT IMMUNIZATION RECORD

Immunization information must be submitted before you can register for courses

Please print:

Student Name (Last, First, Middle Initial)	Birth Date (Month/Day/Year)	Student Tech ID

Minnesota Law (M.S. 135A, 14) requires that all students born after December 31, 1956, who enroll in a Minnesota college or university, be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows 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.

☐ Age Exempt: I was born before 1957. Student Signature: _____ Date: _____

All other students who are not age-exempt: Complete parts 1, 2, 3, or 4.

Return this form to:
Hennepin Technical College, Attn: Enrollment Services Processor, 9000 Brooklyn Blvd, Brooklyn Park MN 55445

Part 1. Students graduating from a Minnesota high school in 1997 or later.

☐ I have previously met the MMR and Td requirements because I graduated from a Minnesota high school in 1997 or later.

High School Name: _____ City: _____ Graduation Date: _____

Student's Signature: _____ **Date:** _____

Part 2: Transfer Student from another Minnesota College

☐ I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

Name of previous Minnesota college: _____ Dates of enrollment: _____ to _____

Student's Signature: _____ **Date:** _____

Part 3. Students who graduated from a Minnesota high school prior to 1997 or student from out of Minnesota	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Tetanus/diphtheria (Td) (at least one dose required within last 10 years)				
Measles/Mumps/Rubella (MMR) (at least one dose required at 12 months)				

☐ I certify that the above information is a true and accurate statement of the dates on which I received the required immunizations.

Student's Signature: _____ **Date:** _____

Part 4: Other exemptions

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(s).
☐ Not been immunized because of a history of _____ disease.
☐ Shown 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.

Student's Signature: _____ **Date:** _____

Subscribed and sworn before me on the _____ day of _____ year _____

Notary's Signature: _____ **Date:** _____