

University of Minnesota — Academic Health Center — Student Immunization Record

Last Name, First Name, MI	Birth Date Month / Day / Year	Student ID#
Street Address	Return completed form to Boynton Health Service 410 Church Street Minneapolis, MN 55455 or fax it to 612-626-9768 Questions? Call 612-626-5571	College or School (If Resident, use "GME")
City, State, ZIP		Degree Program or Residency/Fellowship

This form must be completed and submitted with the proper signatures to Boynton Health Service. It will become part of your official medical record.

It is the student's responsibility to achieve compliance with AHC Immunization requirements.

Keep a copy of this form and any other documentation for your records. You may submit multiple copies of this form, each documenting different requirements. Please allow two business days for your immunization information to be updated and for hold to be removed. *You may download a personalized version of this form by logging into <https://eresearch.umn.edu/medgatePortal/> with your University of Minnesota internet ID.*

Required Immunization	Dates Immunizations Received <i>OR</i>			Antibody Titre Results	Provider Signature and Date <small>Must be MD, DO, RNC, PA, NP, RN, LPN or CMA (May NOT be the student or parent)</small>
Hepatitis B (Hep B) <small>Report 3 doses or titre results</small>	Dose 1 Date	Dose 2 Date	Dose 3 Date	+ / -	/ / MM DD YYYY
Varicella (Chicken Pox) <small>Report 2 doses RU titre results</small>	Dose 1 Date	Dose 2 Date		+ / -	/ / MM DD YYYY
Measles (Rubeola) <small>Report 2 doses after age 12 months or titre results</small>	Dose 1 Date	Dose 2 Date		+ / -	/ / MM DD YYYY
Mumps <small>Report 2 doses after age 12 months or titre results</small>	Dose 1 Date	Dose 2 Date		+ / -	/ / MM DD YYYY
Rubella (German Measles) <small>Report 2 doses after age 12 months or titre results</small>	Dose 1 Date	Dose 2 Date		+ / -	/ / MM DD YYYY
Tetanus/Diphtheria Pertussis (Tdap) <small>Must be July 2005 or later</small>	Dose Date Tdap				/ / MM DD YYYY

Required TST (Tuberculin Skin Test) (2-step Mantoux)	Date	Induration	Date	Induration	Provider Signature and Date
Report any TWO TST Tests applied more than one week apart and within one month (required once).	Step 1 Date	mm	Step 2 Date	mm	/ / MM DD YYYY
Report most current TST test <i>only if</i> more recent than 2-step test (required if last TST test is more than 1 year old)	TST Date	mm			/ / MM DD YYYY

For any POSITIVE TST test, provider must document steps taken (chest x-ray etc.):

Sign and Date

Medical Exemptions. Provider must document medical conditions that preclude that administration of a required vaccine or test.

Explanation of exemption:

Sign and Date