



# EXEMPTIONS TO IMMUNIZATION LAW

## MINNESOTA STATE IMMUNIZATION LAW REQUIREMENT

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, or have a medical/conscientious exemption on file at the college.

If a medical or conscientious exemption for immunizations is needed, please complete this form and return to the Center for Holistic Health at least two weeks prior to arriving on campus. Medical exemption must be signed by a physician/nurse practitioner or physician assistant. Conscientious exemption must have notary's signature. Students who fail to submit the required information within 45 days of the start of classes will be unable to register for second semester courses.

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EXEMPTIONS TO REQUIRED IMMUNIZATION LAW Complete A and/or B to indicate type of exemption.

### A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child 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 child 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 child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded 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*

### Please mail or email completed form to:

Concordia College  
Attn: Center for Holistic Health  
901 8th St. S. Moorhead, MN 56562  
E: [holistichealth@cord.edu](mailto:holistichealth@cord.edu) | P: 218.299.3514

Developed by the Minnesota Department of Health – Immunization Program [health.state.mn.us/immunize](https://health.state.mn.us/immunize)

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