

SJU IMMUNIZATION RECORD

Complete and submit this form by mail, fax or email to: CentraCare St. John's Clinic PO Box 7133, Collegeville MN 56321; Fax (320)200-3247; or email centracare@csbsju.edu In addition, international students must submit the signed tuberculosis screening form. Failure to submit these forms with 45 days of the start of the term will result in a registration hold. More information on Student Health Services at SJU can be found at: <https://www.csbsju.edu/student-life/counseling-health-and-wellness> **DUE DATES:** Fall semester: June 15th - Spring Semester: January 15th

Name: _____ Birth Date: ____/____/____
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: ____/____/____
Month Day Year

Dose 2: ____/____/____
Month Day Year

Is there any chronic illness/disease that you would like the clinic to be aware of:

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

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

OTHER IMMUNIZATIONS

Polio 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____
Month Day Year Month Day Year Month Day Year Month Day Year

Meningitis 1. ____/____/____ Menomune or Menactra
Month Day Year

Hepatitis A 1. ____/____/____ 2. ____/____/____
Month Day Year Month Day Year

Hepatitis B 1. ____/____/____ 2. ____/____/____ 3. ____/____/____
Month Day Year Month Day Year Month Day Year

HPV 1. ____/____/____ 2. ____/____/____ 3. ____/____/____
Month Day Year Month Day Year Month Day Year

Varicella Have you had chicken pox? yes no If no, please indicate date of vaccinations

1. ____/____/____ 2. ____/____/____
Month Day Year Month Day Year

History of reaction to immunizations: Yes No Which immunizations? _____ Type of reaction: _____

Signature of Medical Professional _____ Date: _____

CONSCIENTIOUS/RELIGIOUS EXEMPTION

Must fill out if unable to meet immunization requirements 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/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: _____

Minnesota law requires all students born after 12/31/1956 who enroll in a Minnesota college or university to be immunized against diphtheria, tetanus, measles, mumps, and rubella. This law allows for some exemptions.

Please keep a copy of this form for your records.