

**Immunization Record for Clinical Education**  
**Minnesota State University, Mankato**  
**M.S. in Athletic Training**

Name: \_\_\_\_\_  
(Full legal name with middle initial)

\_\_\_\_\_  
(DOB: mm/dd/yyyy)

**Immunization Record Verification:** Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions. However, the athletic training program requires all athletic training students to maintain additional immunizations in compliance with clinical education site expectations. Documentation of vaccinations are required for final program admission and all athletic training students must provide documentation prior to starting required clinical experiences.

**Required Immunizations:**

**MMR** (Measles, Mumps, Rubella)<sup>#</sup> **Date of most recent dose:** \_\_\_\_\_  
<sup>#</sup>Most recent dose required at or after 12 months of age

**Tdap** (Tetanus, diphtheria, pertussis)<sup>1</sup> **Date of most recent dose:** \_\_\_\_\_  
<sup>1</sup>Most recent dose required within past 10 years

**TB screening/Mantoux** (within 12 months)<sup>@</sup> **Date of screening:** \_\_\_\_\_  
<sup>@</sup> Or evidence of recent chest x-ray or serologic testing indicating the presence of antibodies

**Varicella** (chicken pox)<sup>\*\*</sup> **Date of dose or titer:** \_\_\_\_\_  
<sup>\*\*</sup> Or evidence of serologic testing indicating the presence of antibodies.

**Hepatitis B**<sup>\*</sup> dose (final) 3 **Date of final (3<sup>rd</sup> dose) or titer:** \_\_\_\_\_  
<sup>\*\*</sup> Or evidence of serologic testing indicating the presence of antibodies.

**Medical Exemption documented by licensed Physician, Nurse Practitioner, or Physician's Assistant**

**Medical Exemption:** The student named above lacks one or more of the required immunizations because he/she has:  
- a medical problem that precludes the \_\_\_\_\_ vaccine  
- has not been immunized because of a history of \_\_\_\_\_ disease  
- has laboratory evidence of immunity against \_\_\_\_\_ disease

Summary of defects and diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Drug Allergies (if applicable): \_\_\_\_\_

Provider Signature & Date: \_\_\_\_\_

Note that conscious exemption may preclude students from obtaining some required clinical experiences, therefore will negatively impact the student's ability to complete all program requirements.

To my knowledge the above information is accurate and complete:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH A COPY OF IMMUNIZATION RECORD FROM A HEALTHCARE ORGANIZATION DETAILING DOSES/TITERS.**

Please return this completed form or direct questions to:

Amy Brugge, EdD, LAT, CHDA  
Associate Professor & Director of Athletic Training Program  
1400 Highland Center  
Minnesota State University  
Mankato, MN 56001 Phone: (507) 389-1656  
Email: [amy.brugge@mnsu.edu](mailto:amy.brugge@mnsu.edu)