



General Student Vaccination Attestation and Authorization

Mayo Clinic College of Medicine and Science (MCCMS)

Form content not retained in medical record. To be scanned into MCCMS Student Records.

Student Name (First Middle Last)	Birth Date (mm-dd-yyyy)
Program	Start Date (mm-dd-yyyy)

The student's complete immunization records and associated lab reports must be submitted with the completed form.

Fill in as completely as possible.

Disease and Immunization Requirements	Immunizations	Immune by Lab Include date and attach lab reports.	Medically Contraindicated Must attach supporting documentation.	Declined
Measles, Mumps, Rubella (MMR) Insert dates of MMR or laboratory-confirmed immunity (positive IgG for each disease).	MMR Dates (mm-dd-yyyy) 1 _____ 2 _____	Measles Date (mm-dd-yyyy) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative Mumps Date (mm-dd-yyyy) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative Rubella Date (mm-dd-yyyy) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/>	
	OR	OR	<input type="checkbox"/>	
Varicella (Chicken pox) Insert dates of Varicella vaccines or laboratory-confirmed immunity. History of disease is NOT accepted.	Varicella Dates (mm-dd-yyyy) 1 _____ 2 _____	Varicella Date (mm-dd-yyyy) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/>	
	OR	OR	<input type="checkbox"/>	
Hepatitis B Insert dates of 2 or 3 dose series depending on the manufacturer, or a positive quantitative lab result.	Hepatitis B Dates (mm-dd-yyyy) 1 _____ 2 _____ 3 _____ Additional Hepatitis B Vaccine Date(s) (mm-dd-yyyy) 4 _____ 5 _____ 6 _____	Date (mm-dd-yyyy) _____ <input type="checkbox"/> Positive anti-HBs ≥10 mIU/mL <input type="checkbox"/> Negative	<input type="checkbox"/>	
	OR		OR	<input type="checkbox"/>
Tetanus/Pertussis Insert date of one Tdap within the last 10 years.	Tdap Date (mm-dd-yyyy) _____		<input type="checkbox"/>	
			OR	<input type="checkbox"/>
Seasonal Influenza Insert date of vaccine; required for students starting October 1 through March 31.	Date (mm-dd-yyyy) _____		<input type="checkbox"/>	
			OR	<input type="checkbox"/>

General Student Vaccination Attestation and Authorization (continued)

Student Name <small>(First Middle Last)</small>	Birth Date <small>(mm-dd-yyyy)</small>
---	--

Fill in as completely as possible.

Disease and Immunization Requirements	Immunizations	Immune by Lab Include date and attach lab reports.	Medically Contraindicated Must attach supporting documentation.	Declined
SARS-COV-2 (COVID-19) Insert date of most recent COVID-19 vaccine.	Most recent COVID-19 Date <small>(mm-dd-yyyy)</small> <hr style="width: 80%; margin: 5px auto;"/> (include any additional doses with documentation)			<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">OR</div> <input style="margin-left: 10px;" type="checkbox"/>

Provider

I have reviewed the immunization records for this student and attest that they meet the requirements outlined. In the event that the student is not fully vaccinated, I have reviewed the risks with the student. MMR and Varicella vaccines are not eligible for declination; in the event that they are medically contraindicated, I have attached supporting documentation and it is the student's responsibility to submit a formal request via the Disability Accommodations process. **I have attached a copy of the student's complete immunization record(s) and applicable lab result reports.**

Healthcare Provider Signature ▶	Date <small>(mm-dd-yyyy)</small>
Healthcare Provider Printed Name <small>(First Middle Last)</small>	<input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA
License Number	State
Office Name	Office Address <small>(Street, City, State, ZIP Code)</small>

Student Signature

I understand and authorize the provided medical information in this form will be stored in a database not related to my electronic medical record and may be accessed by non-medical providers. It is my responsibility to maintain copies of this form for future educational requirements. **If the student is 17 years of age or younger, or a minor under state law, the student's parent or legal guardian must sign and date the form.**

Student or Authorized Representative Signature (required) ▶	Date (required) <small>(mm-dd-yyyy)</small>
Authorized Representative Printed Name (if applies) <small>(First Middle Last)</small>	