

Minnesota's School Immunization Law:

Questions and Answers

**Minnesota Statutes Section 121A.15
&
Minnesota Rules Chapter 4604**



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Minnesota's School Immunization Law: Questions and Answers

(Minnesota Statutes Sec. 121A.15 and Minnesota Rules Chapter 4604)

HISTORY OF THE LAW

Q: *What is the history of Minnesota's school immunization law?*

A: In 1967, the Minnesota Legislature enacted the Minnesota School Immunization Law (Minnesota Statutes, section 121A.15). At that time, many states were encouraged to enact measles requirements as part of a national effort to improve measles control. In the late 1960s and early 1970s, measles was a disease primarily of unvaccinated school-age children. In studies of states without measles immunization requirements, measles incidence rates were up to two times higher than states that had school immunization laws.

Minnesota's School Immunization Law has been amended numerous times to remain consistent with current immunization recommendations and to address gaps identified through enforcement. Specifically, these amendments made the law consistent with recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, the U.S. Public Health Service's Advisory Committee on Immunization Practices, and the Minnesota Immunization Practices Advisory Committee (formerly the Minnesota Immunization Practices Task Force) of the Minnesota Department of Health.

The school law has always allowed exemptions for medical and religious reasons. A general philosophical objection was established in 1978.

Below is a summary of the various provisions of the law and the year they became effective.

- 1967 • Required **measles** immunization prior to kindergarten.
- 1973 • Added **rubella** for kindergarten and included childcare enrollees and nursery schools.
- 1978 • Added **polio; diphtheria, tetanus, pertussis (DTP); and mumps**.
 - Changed the religious exemption to "**conscientiously held beliefs**" of parent/guardian.
- 1980 • Expanded **law to include all grades**, kindergarten through 12 "in order to enroll or remain enrolled."
 - Set the **minimum age for measles** immunization at 11 months, 15 days.
- 1988 • Increased the **minimum age** for a child to have received **measles** vaccine to 12 months.
 - Removed the **exemption for mumps** immunization for students 7 years of age and older.
 - Removed the **exemption for rubella** immunization for girls 12 years of age and older.
- 1989 • Expanded law to include **Early Childhood Special Education (ECSE)** children.
 - Required that documentation of immunizations administered after 1/1/90 indicate **month, day, and year**.
 - Required the **transfer of immunization information** from high school records to a post-secondary educational institution.
 - Enacted the **College Immunization Law**, Minnesota Statutes, section 135.14. This statute covers all private and public two- and four-year colleges, universities, and other post-secondary institutions (e.g., private vocational schools).
- 1992 • Added the **second dose of measles, mumps, and rubella** to 7th and 12th grades and by 1996-97 to 7th through 12th grades.
 - Added **Hib** (*Haemophilus influenzae* type b disease, which is a major cause of meningitis in young children) for children in childcare and ECSE.
- 1996 • Added **tetanus/diphtheria (Td) booster** for 7th and 12th grades, and by 1998-99 for 7th through 12th grades.
- 1997 • Added language to give elementary and secondary schools the flexibility to grant temporary exemptions of up to 30 days for **transfer students**.
 - Added an exemption of up to five days for children placed in a **crisis nursery**.

- 2000 • Added **hepatitis B for kindergarten**.
- 2001 • Expanded **hepatitis B for 7th grade**.
 - Required all post-secondary educational institutions to provide information on the transmission, treatment, and prevention of **hepatitis A, B, and C** to all persons who are first-time enrollees.
- 2003 • Shortened the **grace period** that school-age children can complete a required vaccine series from 18 to 8 months.
 - Allowed vaccine doses administered four or fewer days before the **minimum age** required in law to be considered valid.
 - Modified the requirement for hepatitis B so that a **hepatitis B vaccine licensed for an alternative dosing schedule** is valid for purposes of the hepatitis B vaccination requirement. This change made both the three-dose and two-dose vaccine acceptable.
 - Required all childcare facilities and elementary and secondary schools to use the official Minnesota Department of **Health record form or a similar document** approved by the department when documenting a student's immunization history.
 - Required post-secondary educational institutions to provide information on the risk of **meningococcal disease** and the availability of an effective vaccine to each individual who is a first-time enrollee and resides in on-campus housing.
- 2004 • Added **chickenpox** (varicella) to kindergarten and 7th grade. When the law went into affect in 2004, only one dose was required. However, in 2006, the recommendation went from one to two doses. The school law was changed to requiring two doses in fall 2009. (MDH delayed implementation due to a vaccine shortage.)
 - Added **pneumococcal** conjugate for childcare enrollees who are 2 months or older but less than 24 months.
 - Required the **second dose of measles, mumps, and rubella** at kindergarten.
 - Eliminated the **second dose of measles, mumps, and rubella** for 7th through 12th grades after the 2011-2012 school year.
- 2010 • Modified required documentation for history of varicella disease. As of September 1, 2010, a parent's signature would no longer be accepted to verify varicella disease, only a provider's signature is valid.

DEFINITIONS

Q: What types of schools or school-based programs are covered by the School Immunization Law?

- A:** The law includes all public and non-public elementary and secondary schools, as well as childcare facilities. Definitions for terms used in the law, such as elementary or secondary schools, are defined in Minn. Stat. §121A.15, subd. 9. Included in this definition are the following programs:
- alternative learning centers or alternative schools
 - outreach treatment centers
 - home-schools
 - charter schools
 - Montessori Schools (The immunization status of children enrolled in grades K through 3 is reported to the Department of Education; the status of those who are younger is reported to the Department of Human Services.)
 - Early Childhood Special Education program, except for those who are being served in their home or out of state.

Q: Who is considered a "provider" under the school law?

- A:** For purposes of the Minnesota School Immunization Law, a provider means a licensed physician, registered physician assistant, or advanced practice registered nurse, as defined in Minnesota Statutes, section 148-171, subd. 3. [Minn. Rules, Chapter 4604.0200, subp.4].

REQUIREMENTS

Q: What are the basic requirements of the School Immunization Law?

- A:** In order to enroll or remain enrolled in any elementary or secondary school in Minnesota, the parent/guardian of a student must have a statement on file with the school administrator or other person having general control and supervision of the school that shows that the student is either:
- immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella, or
 - immunized against measles, mumps, rubella, and varicella and has begun, but not yet completed, immunizations against diphtheria, tetanus, pertussis, and/or polio, and/or hepatitis B, as verified by a provider or clinic, or
 - legally exempt from one or more of the required immunizations, as evidenced by either a statement of medical exemption signed by a provider, a notarized statement of conscientious exemption, or, in the case of varicella disease, provider-documented history of varicella disease. [Note: Before September 2010, a parent can document history of varicella disease.] See *Minn. Stat. Sec. 121A.15, subd. 1 and 3.*

Q: What is meant by “completely immunized”?

- A:** To determine if a child is “completely immunized” and in compliance with “a” in the Requirements section above, you must look at both his or her current age, grade (if in school), and shot record. The chart below details the minimum requirements. [M.S. §121A.15, subd. 1 (1)]. You can also go to our website at www.health.state.mn.us/divs/idepc/immunize/schedules.html#shots and click on “Are Your Kids Ready for School?”

Age/grade of student	Number of Doses Required by Vaccine Type				
	DTaP/DTP/DT/Td	Polio	MMR ¹	Hep B	Varicella ³
Pre-kindergarten (≥ 4 years)	4-5 ²	3-4 ²	1	3	1
Kindergarten	5 ⁴	4 ⁴	2	3	2
Grade 1 through 6 years	5 ⁴	4 ⁴	1	-	-
7 years through grade 6	3	3	1	-	-
Grade 7	3 + booster ⁵	3	2	2-3 ⁶	2
Grade 8 through 12	3 + booster ⁵	3 ⁷	2	-	-

¹ The measles and chickenpox vaccine components must have been given on or after the student’s first birthday. (See page 4 for information on the 4-day grace period.)

² MDH recommends that school “boosters” for DTaP/DTP/DT and polio be administered just prior to entrance to kindergarten.

³ Documentation of history of disease by a health care provider is also acceptable See page 14 of this document for details.

⁴ The fifth dose of DTaP or fourth dose of polio vaccine is not required if the fourth DTP or third polio was administered after the fourth birthday.

⁵ A Td or Tdap booster at age 11 years or later is not required for students in grade 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.

⁶ A 2-dose hepatitis B adolescent schedule is acceptable; however, it must be clearly documented Recombivax, an indication that an adult dose was provided.

⁷ Students age 18 or older are exempt from the polio vaccine requirement.

Q: If a child is not up to date for their age, can they enroll and still be in compliance with the law?

- A:** Yes, in that case, they would enroll under “b” in the Requirements section above, which requires a statement from a provider or clinic that indicates that they have had at least one dose of each of the immunizations that require multiple doses (i.e., DTaP, polio, and hep B.) and will finish the remainder of the series within eight months. They must also have the appropriate number of doses of MMR and varicella vaccines.

Q: How many doses constitute a primary series?

- A:** It all depends on the child’s previous vaccine history (i.e., number of doses and age at which they were given) and current age. You can find the current “Minnesota Recommended Childhood and Adolescent Immunization Schedule” on the MDH website at www.health.state.mn.us/divs/idepc/immunize/hcp/schedules.html.

Q: What is required for students who are 20 years of age and older and enrolled in a secondary school?

A: The law requires that students who are 20 years of age or older and born after 1956 have at least one dose of measles, mumps, and rubella and no less than one dose of diphtheria- and tetanus-containing toxoid given within the preceding 10 years. These requirements are consistent with those students enrolled in Minnesota’s colleges and universities.

Q: What are the legal exemptions to the school immunization law requirements?

A: The following chart lists the exemptions the law allows and the type of documentation required.

Exemptions Requiring Documentation <i>Minn. Stat. 121A.15, sec. 3</i>	
Exemption	Required Documentation
Medical contraindication to the required vaccine(s), including anaphylactic reaction to a previous dose or vaccine component(s)	Signed statement by a provider specifying the vaccine(s)
Laboratory evidence of immunity to a disease covered by the law	Signed statement by a provider specifying the vaccine(s)
Temporary contraindication to the required vaccine(s), including pregnancy, interference from another vaccine or biologic, immunosuppression, or needing to meet minimum interval between doses	Signed statement by a provider or a public clinic specifying the vaccine(s)
Conscientious objection by a parent or legal guardian to one or more of the required vaccine(s)	Notarized statement specifying the vaccine(s) and signed by the parent or legal guardian

Q: Are there any other exemptions or exclusions from certain vaccines?

A: Yes. The following chart lists other exemptions that do not require specific documentation.

Other Exemptions Not Requiring Documentation
Pertussis vaccine is not required of students at or after 7 years of age.
The 5 th dose of DTaP/DTP/DT is not required if the 4 th dose was received at or after 4 years of age.
The 4 th dose of polio is not required if the 3 rd dose was received at or after 4 years of age.
Polio vaccine is not required of students 18 years of age or older.
The tetanus and diphtheria toxoid booster is not required for students in grade 7-12 if the previous dose was received at or after age 7 but before age 11; rather, it will be required 10 years after the previous dose.
The varicella vaccine is not required if the child has proof of history of the disease. (See pages 13-14 for instructions on documentation requirements for disease history.)

Q: Does the School Immunization Law conflict with the state’s Compulsory Attendance Law (M.S. 120.10)?

A: No, the two laws are consistent and enforceable. As early as 1902, the Minnesota Supreme Court ruled that the state’s compulsory attendance statute was subordinate to the statutory requirement that school children be vaccinated, because vaccination statutes are a valid exercise of the state’s police power to preserve public health and prevent the spread of disease [State ex rel. Freeman v. Zimmerman, 86 Minn. 353, 90 N.W. 783 (1902)].

ENFORCEMENT

Q: Who is responsible for enforcing the School Immunization Law?

A: The school administrator (e.g., principal) or other person having general control and supervision of the school is responsible for enforcing the law. If a principal refused to require documentation of immunization, presumably the school district would be the agency authorized to require a school to comply with the law.

Q: Can a school refuse to enroll a child who does not meet the minimum requirements of the law?

A: Yes. The law not only permits such a refusal but, in fact, requires it. The law specifically states, “No person over two months old may be allowed to enroll or remain enrolled in any elementary or secondary school or childcare facility in the state until the person has submitted to the administrator or other person having general control and supervision of the school or childcare facility, one of the following statements...” [M.S. §121A.15 subd.1]

Q: Can a school dismiss a student who is already enrolled if he or she does not meet the minimum requirement of the law?

A: Yes. The law also states that “no person over two months old may be allowed to enroll or remain enrolled.” Since one of the objectives of the statute is to prevent the introduction and spread of disease, permitting unimmunized persons to enroll or remain enrolled in schools violates the language of the law as well as its purpose.

Q: What problems might a school encounter if the law is not enforced?

A: One of the objectives of requiring immunizations of all students is to protect vulnerable students including:

- those who are unimmunized because of a medical contraindication or conscientious objection to immunization (both categories are legal exemptions to the law's requirements) and
- those who are immunized but have unknowingly failed to gain adequate immunity because of vaccine failure.

School administrators should not intentionally admit students who are out of compliance with the law because these students could potentially infect and harm unprotected students, teachers, or other staff.

Q: Can a local school board enact policy to assist them in implementing the law?

A: Yes, as long as the policy does not contradict provisions in the School Immunization Law. Minnesota law gives school boards broad authority. Specifically, Minn. Stat. §123B.02, subd. 1, Board Authority, states:

“The board must have the general charge of the business of the district, the school houses, and of the interests of the schools thereof. The board's authority to govern, manage, and control the district; to carry out its duties and responsibilities; and to conduct the business of the district includes implied powers in addition to any specific powers granted by the legislature.”

Q: What action can a school take with students who have only met the minimum requirements of the law and are within the 8-month period of time to complete their basic series?

A: Minn. Rules, Part 4604.0300 states that if a required immunization for an elementary or secondary school student involves a series of doses, then the student must complete the required immunization series within eight months of enrollment or the first day on which the requirement was imposed to remain enrolled. A school cannot take any action against a student if they are within the eight-month grace period. However, if the student has not completed their immunizations series within eight months, the school can refuse to allow the student to remain enrolled.

The law also says, “If an elementary or secondary school student is unable to complete the required immunization series within eight months due to a medical condition, a provider must submit a request for an extension until the student's medical condition allows the student to complete the series.”

The Minnesota Department of Health (MDH) recommends sending reminder notices to students and their parents during the eight-month period.

Q: Some schools have asked MDH if they could develop their own requirements; is that possible?

A: MDH cannot give formal legal advice. However, our analysis of current law suggests that a school could not implement any policies that require less than the current immunization law, but a school board could probably adopt immunization policies stricter than the law. For definitive legal advice, talk to your school's lawyer.

Q: *Must a school district follow the procedures contained within the Pupil Fair Dismissal Act, Minn. Stat. §1121A.40 to §121A.39, if a student is to be denied enrollment or further enrollment because of the failure to fulfill the requirements of the immunization law?*

A: No. In a 1980 school opinion issued to the Bloomington School District, Minnesota’s Attorney General ruled that a school district “must provide a student sufficient procedural protections to satisfy the constitutional requirements of due process prior to excluding a child from school. However, the district need not follow the provisions of the Pupil Fair Dismissal Act when enforcing the school immunization law.” This act was “designed for schools to regulate a disciplinary action against a child for willful conduct of the child,” in contrast to the immunization law which places the responsibility for compliance upon the parents [Op. Atty. Gen. 169-W (July 23, 1980)].

According to the Pupil Fair Dismissal Act, “students are entitled to due process in determining whether they have failed to comply with the requirements of M.S. §121A.15.” The opinion further stated, “the purpose of the due process procedure would be simply to determine whether any of the alternative methods of complying with M.S. §121A.15 have been met. In creating the procedures to be followed, the school district need only take those steps which will reasonably ensure that an administrative error is not made. First, to determine whether the student had in fact complied with section 121A.15 by actually receiving the required immunization. Second, to determine whether the parents conscientiously objected to the requirement to the immunizations.” This implies that the school has informed the parents of the immunization requirements and their child’s immunization deficiencies.

RECORDS AND RECORD KEEPING

Q: *What type of documentation must a school receive to verify compliance with any of the above requirements? Is there a required form that must be filed with the school?*

A: There are basically three acceptable types of documentation to verify a student’s immunization record: electronic, oral, and written.

1. **Electronic:** The school may verify a student’s immunization record, including history of varicella disease, through the Minnesota Immunization Information Connection (MIIC) system. This is considered an electronic signature. (If your school is not connected to this electronic system, and you would like to find out more information about MIIC, you can visit the MDH website at www.health.state.mn.us/divs/idepc/immunize/registry/index.html.)
2. **Oral:** If the school cannot find the student’s record in MIIC, the school can verify a student’s immunizations by calling the student’s health care provider(s), if known, and talking with them directly. **Note:** The school cannot accept a provider’s verbal verification of history of varicella disease; a provider’s written or electronic signature is required.
3. **Written/Provider Form:** There are four ways a student can show compliance through a written record.

If the student:	Must submit:
Is completely immunized	An immunization record, such as the MDH Pupil Immunization Record, signed by a provider, public clinic, parent or guardian of a minor, or the student themselves, if emancipated
Is immunized against measles, mumps, and rubella but still in the process of completing his/her DTaP, polio, and hepatitis B immunizations	An immunization record, such as the MDH Pupil Immunization Record, signed by a provider or public clinic
Has a medical exemption	An exemption statement, such as the MDH Pupil Immunization Record, signed by a provider
The parent or guardian is conscientiously opposed to a particular immunization or all immunizations	A signed and notarized statement to that effect (The official MDH Pupil Immunization Record can be used for this purpose)

Q: Does the school have to use a specific immunization form when communicating with parents about the requirement?

A: Yes. Minnesota Rules, Part 4604.0400 says, "... elementary and secondary schools must use the Department of Health's official record form or a similar document approved by the commissioner of health when **communicating to parents or guardians** regarding immunization requirements and exemption procedures." The record form requests information about immunizations and includes spaces for documenting medical or conscientious exemptions. A copy of the form can be found on the MDH website at www.health.state.mn.us/divs/idepc/immunize/tracking.html#pupil. If the school would like to use a different form than the one on the website, they can get approval for their form by calling the MDH Immunization Program at 651-201-5414.

Note: Nothing in this law limits a facility or school from sending other information to parents or guardians that is related to immunizations and is in compliance with law.

Q: Does the record have to be updated for students entering grade 7 if the record filed for initial enrollment indicates an exemption for any of the required immunizations (e.g., to meet the requirements for the second-dose MMR and/or Td booster and/or varicella)?

A: MDH recommends that when a student moves into a grade with additional immunization requirements, the school should notify the parent/guardian. If the original statement of conscientious exemption covered all vaccines, the school should get confirmation that the parent or guardian is still opposed to all vaccines; however, a new notarized exemption statement is not needed.

If, however, the exemption statement applied to only one vaccine or component (e.g., to pertussis or to polio only), then an updated statement or evidence of immunization to comply with the additional requirements for grade 7 should be obtained.

Q: Can a clinic provide the school with dates of immunization without having obtaining the permission of the parent or guardian?

A: Yes. Both state and federal law allow a health clinic to share immunization information with schools without the parent's or guardian's authorization. Specifically, Minn. Stat. §144.3351 permits the sharing of immunization information among schools, public health departments, physicians, nurses, and health plans without the consent of the patient (parent/guardian).

In addition, since Minnesota allows immunization data sharing in law, the federal Health Insurance Portability and Accountability Act (HIPAA) permits the disclosure of immunization data to schools and childcare providers without the patient's parent/guardian authorization [45 CFR 160 and 164]. A full analysis of this issue can be found at www.health.state.mn.us/divs/idepc/immunize/hippdata.html.

It is important to note that HIPAA does not override the federal Family Educational Rights and Privacy Act (FERPA), which addresses a school district's ability to share information. For questions about FERPA, contact your school's attorney.

Q: Is it permissible for non-school personnel to access the student's immunization record?

A: No. As a result of FERPA, non-school personnel cannot access a student's immunization record unless they have the parent or guardian's consent or there is an emergency situation as defined in FERPA.

Q: Does the immunization documentation need to be date specific?

A: That depends. If the immunization was given after January 1, 1990, then the documentation submitted by the parent, guardian, or healthcare provider must contain the month, day, and year of the immunization.

However, if the immunization was given prior to January 1, 1990, only the month and year of the immunization is required. MDH encourages statements from providers to also include actual dates, even though the law does not require it for immunizations received prior to January 1, 1990.

There is one exception to this rule; however it expires September 1, 2010. The law states that on or before August 31, 2010, the signature of the child's parent or legal guardian only has to include the year that the child had varicella disease.

Q: If the immunization was given earlier than the law allows, is it valid?

A: That depends on how early it was administered. The Law [Minn. Rules Part 4605] allows a vaccine dose administered four or fewer days before the minimum age required by law to be considered timely. For example, the MMR vaccine is not suppose to be given before the child's first birthday, however, if the child receives the vaccine four or less days before their first birthday, it may be considered valid; five or more days early would not be valid.

This stipulation went into effect in 2003 to align with the recommendations of the national Advisory Committee on Immunization Practices and the American Academy of Family Physicians that vaccine doses administered four or less days before they are due be considered acceptable for purposes of the immunization requirement (CDC, *MMWR*, Feb. 8, 2002).

Q: What records can we expect from international students new to Minnesota?

A: International students must comply with the law the same as a Minnesota student, according to age and grade. Because there are challenges with interpreting international records, MDH recommends checking the Immunization Action Coalition website under "Documenting Vaccine" to find information on translation of foreign vaccine-related terms in English at www.immunize.org/printmaterials/topic_document.asp.

Q: How long must a school keep the student's immunization record?

A: Schools must keep immunization records a minimum of five years after the student reaches the age of majority (18 years). There are two statutes that address this issue.

A 1997 amendment to the School Immunization Law requires all public and non-public schools to maintain the student's immunization record for a "minimum of five years after the person attains the age of majority." However, another Law that affects public schools, Minn. Stat. §138.17, requires public school districts either to develop their own record retention policy (following the procedure in that statute) or to adopt the schedule developed in cooperation with the Minnesota Department of Education and officials from Minnesota school districts and filed with the Minnesota Department of Administration in November 1985 (revised in 1987).

At a minimum, if a public or non-public school district has adopted a retention schedule less than what the school law requires, they must amend it to comply with the five-year minimum, as stipulated in the school immunization law. On the other hand, if a public school's schedule requires more than five years, they must continue to maintain the records for this longer time period or may amend the schedule to a shorter period, but not less than five years.

Q: What are the obligations of the school administrator with regard to past students who are enrolling in a post-secondary educational institution in Minnesota or another state?

A: It would be helpful for the school to provide each graduating senior with a copy of their immunization record, thus alleviating the need for future requests. The Minnesota College Immunization Law [Minn. Stat. §135A.14] requires all students born since 1957 to have evidence of both MMR and a recent dose of Td.

Students who graduated from a Minnesota high school in 1997 or later are exempt from meeting the requirements of the College Immunization Law, presumably because they will have already met these requirements while in a Minnesota high school. However, it is possible that immunization requirements may still apply to recent graduates because of an individual college's policy.

TRANSFER STUDENTS

Q: What are the law's requirements for students who are transferring into a new school?

A: The School Immunization Law allows elementary and secondary school administrators to establish a grace period of up to a maximum of 30 days for a student who is transferring in from another school to submit their immunization records. This grace period allows the school to obtain records from the former school if the student did not arrive with the documentation in hand. Once the school's grace period has elapsed, the student must be in compliance with the law, the same as any non-transferring student.

Q: What is the school’s obligation for students who transfer out of the school district?

A: The law requires that you assist the parent or guardian in transferring the immunization record to the school the student will be attending within 30 days of the transfer. The school district’s policy may govern whether the transferred record is the original or a copy. This same assistance should be provided if the student stays within the same school district and changes schools or progresses to a secondary school [Minn. Stat. §121A.15, subd.7].

HOMELESS STUDENTS

Q: What are the law’s requirements for homeless students who attend school?

A: A federal law requires school districts to immediately enroll students who are homeless, even if they do not have required documents such as immunization or medical records. Since federal law supercedes state law, the state law that says that a school may allow up to 30 days for a transfer student to submit their immunization records does not apply. There is no 30-day limit on submitting records for a homeless student. [Minn. Stat. §121A.15, subd.7]

Q: How can I obtain a homeless student’s health records and what do I do if I cannot obtain them?

A: If you know the student previously attended another school, you can call that school and have their records forwarded. The law states that when a student transfers to another school, the person having general control or supervision of the school shall assist the students parent or guardian in the transfer of the immunization file to the new school [Minn. Stat. §121A.15, subd. 7].

If you do not know what school the student previously attended, the law allows you to accept a substitute immunization statement. The law says that a person who is enrolling or enrolled in a school may substitute a statement from the emancipated person, or parent or guardian if the person is a minor, in lieu of the statement from a provider or public health clinic that provides immunizations. If the statement is from a parent or guardian or emancipated person, the statement must indicate the month, day, and year of each immunization given. The statute goes on to specify what the statement must contain. For more information, you can go to the Minnesota Revisor’s website at www.revisor.leg.state.mn.us/stats/121A/15.html [Minn. Stat. §121A.15, subd.4].

If a student’s record cannot be found, the student will need to either restart their immunizations or seek serological testing for immunity. Serological testing is available for measles, mumps, rubella, tetanus, varicella, diphtheria, hepatitis B, and polio.

Note: As with all other students, the law also allows a parent or guardian of a homeless student to claim a medical or philosophical exemption from immunizations [Minn. Stat. §121A.15, Subd. 3(c)(d)].

DIPHTHERIA, TETANUS, AND PERTUSSIS IMMUNIZATION

Q: What is considered “completely immunized” against diphtheria, tetanus, and pertussis?

A: Compliance with this requirement depends on the student’s age.

Less than 7 years of age	Complete immunization consists of five doses of DTP vaccine. However, if the child received their fourth dose of DTP after their fourth birthday, then only four doses are required.
7 years of age or older	Complete immunization means having received a minimum of three doses of vaccine against diphtheria and tetanus (i.e., DTaP/DTP/DT/Td) with an additional dose of Td or Tdap given at or after 11 years of age for students in designated secondary grades. A Td or Tdap booster at age 11 years of later is not required for students in grades 7-12 whose most recent Td was given after their seventh birthday but before their eleventh birthday. Instead, it is required 10 years after the date of the most recent dose.

Note: As always, the parent or guardian may claim a medical or conscientious object for the child.

POLIO IMMUNIZATION

Q: *What is considered “completely immunized” against polio?*

A: Compliance with this requirement depends on the student’s age.

Less than 7 years of age	Complete immunization consists of four doses of polio vaccine. However, if the child received their third dose of polio after their fourth birthday, then only three doses are required.
7 years of age or older	Complete immunization means they received a minimum of three doses of polio vaccine.

Note: As always, the parent or guardian may claim a medical or conscientious object for the child.

Q: *Does the law specify which type of polio vaccine the student must have received?*

A: No. A record of either oral polio vaccine (OPV) or inactivated polio vaccine (IPV) is sufficient to meet the requirements of the law.

Q: *What if an older student with no record or history of polio immunization begins a series of vaccinations but cannot complete them before his/her 18th birthday?*

A: Because students 18 years of age and older are exempt from the polio requirements, they should continue with the series at the recommended intervals. However, once they turn 18 there will be no requirement or recommendation to complete the series.

MEASLES IMMUNIZATION

Q: *What is considered “completely immunized” against measles?*

A: As of the 2004-2005 school year, the law specifies that all students enrolling in kindergarten and grades 7 through 12 must either submit documentation that they received two doses of vaccine for measles or have a legal exemption [Minn. Rules, Part 4604.0600, subpart 1]. The measles vaccination must be given after 12 months of age or older, and the immunizations must be at least one month apart.

Any student whose first measles vaccination was given before 12 months, excluding those who might have received the vaccine four or fewer days before their first birthday, are required to be revaccinated in order to assure protection against measles disease. See page 10 for more information on the four-day grace period.

Q: *Can a history of measles disease be accepted in lieu of immunization?*

A: Yes, a student who has experienced measles disease does not need the vaccine. In lieu of immunization documentation, they can submit a provider-signed medical exemption stating that the immunization was not indicated for medical reasons. However, they would still need to comply with the mumps and rubella requirements of the law.

Note: The parent or guardian may also claim a medical or conscientious object for the child.

RUBELLA IMMUNIZATION

Q: *What is considered complete immunization against rubella?*

A: As of the 2004-2005 school year, the law specifies that all students enrolling in kindergarten and grades 7 through 12 must either submit documentation that they received two doses of vaccine for rubella or have a legal exemption [Minn. Rules, Part 4604.0600, subpart 1]. The law does not specify a minimum age requirement for rubella vaccination as it does for measles.

Q: *What if a student received their rubella vaccine at less than 12 months of age?*

A: Although the law does not have a minimum age requirement, the school should recommend to the parent or guardian that their child be reimmunized. This is consistent with current immunization recommendations for protection against rubella disease.

Q: Can disease history for rubella be accepted in lieu of the immunization requirement?

A: Although it may be possible for a provider to sign a medical exemption based on evidence of previous disease, we do not encourage this unless the diagnosis was confirmed by a laboratory test. Further, they would still need to comply with the mumps and measles requirements of the law.

Note: The parent or guardian may also claim a medical or conscientious object for the child.

MUMPS IMMUNIZATION

Q: What is considered “completely immunized against mumps?”

A: As of the 2004-2005 school year, the law specifies that all students enrolling in kindergarten and grades 7 through 12 must submit documentation that the student received two doses of vaccine for mumps or have a legal exemption [Minn. Rules, Part 4604.0600, subpart 1]. Similar to rubella, the law does not specify a minimum age requirement for vaccination.

Q: What if a student received their mumps vaccine at less than 12 months of age?

A: Even though there is no minimum age for mumps vaccine, it is recommended that the child be reimmunized if they received their mumps immunization before their first birthday. This is consistent with current medical practice for protection against mumps disease.

Q: Can disease history be accepted in lieu of the mumps immunization requirement?

A: Although it may be possible for a provider to sign a medical exemption because the student had mumps, MDH discourages this unless the disease was confirmed by a laboratory test. However, they would still need to comply with the measles and rubella requirements of the law.

Note: The parent or guardian may also claim a medical or conscientious objection for the child.

HEPATITIS B IMMUNIZATION

Q: What is considered complete immunization against hepatitis B?

A: Kindergarten: All students enrolling or enrolled in kindergarten submit documentation that the student received three doses of hepatitis B vaccine or have a legal exemption.

Seventh Grade: All students enrolling or enrolled in seventh grade must submit documentation that the student received either the two- or three-dose series of hepatitis B vaccine or have a legal exemption.

Q: For adolescents, can I accept either the three- or two-dose licensed hepatitis B vaccine?

A: Yes, for adolescents ages 11 through 15 years, either vaccine is acceptable.

VARICELLA IMMUNIZATION

Q: What is considered “completely immunized” against varicella?

A: As of the 2009-2010 school year, the law specifies that all students enrolling in kindergarten and grade 7 must submit documentation that the student received two doses of the varicella vaccine. (*When the law was enacted in 2004, the state only required one dose.*)

Q: Can a history of varicella disease (chickenpox) be accepted in lieu of immunization?

A: Yes. A student who has experienced varicella disease or herpes zoster (shingles) does not need the vaccine. The student must submit one of the following to verify history of the disease:

1. The signature of a provider and must include the date of the child's varicella illness, or
2. The signature of a provider and must include a statement that a parent's or legal guardian's description of the child's varicella disease history that is indicative of past varicella infection, or
3. The signature of a provider or a representative of a public clinic and must include laboratory evidence of the child's varicella immunity, or

4. ***This item expires September 1, 2010:*** On or before August 31, 2010, the signature of the child's parent or legal guardian and must include the year that the child had varicella disease.

Note: The parent or guardian may also claim a medical or conscientious objection for the child.

REPORTS TO THE STATE

Q: What reports are schools required to submit to the state?

A: The Minnesota Immunization Law [M.S. §121A.15, subd. 8] requires the administrator or other person having general control and supervision of the elementary or secondary school to file an Annual Immunization Statute Report (AISR) with the state Health Department on all persons enrolled in the school. The report is due on November 1 each year. Each fall, the Minnesota Health Department sends schools a notice about the AISR.

Q: How do school districts report the immunization status of students enrolled in home schools?

A: An amendment to the School Immunization Law in 1989 requires parents of students in home schools to submit their child's immunization documentation to the district superintendent in the area where they reside by October 1 of each year. Districts should submit a summary report for all children receiving instruction in a home school to the Department of Education along with the other school reports.

Minnesota Law does not require a student to be enrolled in school until age 7. Thus a parent who is home-schooling their child would not have to report this information until the child turns 7 years old.

MISCELLANEOUS

Q: Where should school personnel direct those who need additional vaccinations?

A: If possible, families should obtain immunizations for their children from their usual physician as part of their well-child care. All private clinics and public health agencies in the state that are enrolled in the Minnesota Vaccines for Children Program (MnVFC) provide subsidized vaccines for children whose family are uninsured, underinsured, or part of a defined group, e.g., Native American, Alaskan Natives, etc. A fact sheet on free or low-cost vaccines is on MDH's website at www.health.state.mn.us/divs/idepc/immunize/mnvfc/lowcostimz.html.

Q: Where should additional questions be directed?

A: Any question that requires a legal interpretation should be addressed to the school district's attorney.

**For more information, visit the MDH website at
www.health.state.mn.us/immunize or
call us at 651-201-5414 or 1-877-676-5414**