

Student Services



Immunization Record

Brainerd Campus
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8031
Fax: 218-855-8269

Staples Campus
1830 Airport Road
Staples, MN 56479-3252
1-800-247-6836 or
218-894-5100
Fax: 218-855-8269

Last Name: _____ First: _____ Middle: _____

SSN or Tech ID: _____ Date of Birth: _____

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, mumps, and rubella, allowing for certain specified exemptions (see below). This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota department of health and the local community health board.

Enter the dates of each of the vaccinations below. Your vaccine for measles, mumps, and rubella must have been after 12 months of age. Your booster for diphtheria and tetanus must be within the last 10 years.

Instructions	Immunization	Month/Year
Must be after 12 months of age	Measles (rubeola, red measles)	
	Mumps	
	Rubella (German Measles)	
Must be within last 10 years	Diphtheria & Tetanus (TD)	

I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota Law.

Signature: _____ Date: _____

NOTE: This information will be released to the Minnesota Department of Health. Copies of this record are not available from CLC. Retain a copy for your future use. Return form to Admissions.

Students wishing to file an exemption to any or all required immunization(s) must complete either A or B below:

A. Medical Exemption:

The student named above is exempt from one or more required immunization(s) because she/he has (check all that apply):

- A medical problem that precludes the _____ vaccines(s).
- History of _____ disease.
- Laboratory evidence of immunity against _____.

Physician signature: _____ Date: _____

B. Conscientious Exemption:

I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Student signature: _____ Date: _____

Subscribed and sworn before me on the _____ day of _____, 20 _____.

Notary signature/stamp: _____