



Student Immunization Declaration Form

Directions:

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. This information will be released to the Minnesota Department of Health. To fulfill the immunization requirement for Central Lakes College, please complete Option 1, 2, or 3 and return to CLC.

Student Information:

First Name: _____ Middle: _____ Last: _____

SSN or Tech ID: _____ Date of Birth _____

Immunization Information (Option 1):

Immunization	Immunization Requirement	Month/Year Immunized
MMR: Measles (Rubella, Red measles), Mumps, Rubella (German Measles)	Must be after 12 months of age	
Diphtheria & Tetanus (TD)	Must be within the last 10 years	

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.

Student Signature: _____ Date: _____



Medical Exemption (Option 2)

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 _____ vaccine(s)
- History of _____ disease
- Laboratory evidence of immunity against _____

Physician Signature _____ Date: _____

Conscientious Exemption (Option 3)

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: _____

CLC Contact Information:

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 1-800-933-0346 or
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