



## Immunization Record

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Semester Start (check one)  
Fall  Spring  Summer

Minnesota law (M.S. 135 A.14) requires proof that all students attending Riverland Community College are vaccinated against diphtheria, tetanus, measles, mumps and rubella or are exempt from the requirements. This form is designed to collect information required by law. Review, check and respond to the appropriate question.

**1) Graduated in 1997 or after from a MN or Iowa High School**

I graduated from a Minnesota high school in 1997 or later. I am exempt from the requirements.

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***If you meet this condition, STOP and return the form to the College.***

**2) Born before 1957**

I was born before 1957. I am exempt from the immunization requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***If you meet this condition, STOP and return the form to the College.***

**3) Transfer Student**

I transferred from another Minnesota college where I previously met the immunization requirements.

---

Name of Previous Minnesota College

Dates of Enrollment

---

Student Signature

Date

*If you meet this condition, STOP and return the form to the College.*

**4) Medical Exemption**

- I have a medical condition that prevents me from receiving the vaccine for measles, rubella, mumps, and tetanus. And/or
- I have adequate natural immunization against measles, rubella and mumps. And/or
- I have experienced the natural disease of measles, rubella and/or mumps

---

Physician's Signature:

Date:

---

Student Signature

Date

*If you meet this condition, STOP and return the form to the College.*

**5) Conscientious Exemption**

I certify by notarization that immunization against measles, mumps and rubella is contrary to my conscientiously held beliefs.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Student Signature

Date

**6) Born after 1956 and Graduated before 1997**

Report to the best of your ability the month and year you received vaccination for the following ailments.

Tetanus/Diphtheria (Td)                      Mth:\_\_\_\_\_Yr:\_\_\_\_\_                      Mth:\_\_\_\_\_Yr:\_\_\_\_\_

Measles/Mumps/Rubella (MMR)                      Mth:\_\_\_\_\_Yr:\_\_\_\_\_                      Mth:\_\_\_\_\_Yr:\_\_\_\_\_

---

Student Signature

Date

.....  
**Return this form to:**

**Riverland Community College  
Admissions Office  
1900 Eighth Ave NW  
Austin, Minnesota 55912**

**Questions? Call (507)433-0600 or 800-247-5039**

Riverland Community College is asking you to provide information in order to process your Immunization form. This information will be used for your permanent academic file. You are not legally required to provide this information; however the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials. Under certain circumstances, federal and state laws authorize release of private information without your consent to state and federal agencies or as otherwise permitted by other state and federal laws.