

MEDICAL PERSONNEL CERTIFICATE

Peace Officer's Copy – Retain with Enforcement Agency's Records

Do NOT Send This Form to the BCA

Pursuant to Minn. Stat. §634.15, I certify as follows: at the request of the undersigned peace officer, I withdrew a sample of blood from:

_____ / / _____
Full Name Date of Birth

I withdrew the sample of blood after preparing the withdrawal site with a non-alcohol substance. I used a sterile needle and container in withdrawing and receiving the blood sample. After withdrawing the blood sample, I gave the blood sample to the undersigned peace officer.

I withdrew the sample of blood at: _____
Location
at _____ A.M./P.M., on _____
Time Date

I am authorized and qualified to draw blood samples pursuant to Minnesota Statutes § 169A.51, Subd. 7, because my occupation is (check applicable):

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Other Qualified Person(s)* |
| <input type="checkbox"/> Medical Technician | *Medical Personnel trained in a |
| <input type="checkbox"/> Medical Technologist | Licensed Hospital or Educational |
| <input type="checkbox"/> Laboratory Assistant | Institution to withdraw blood. |
| <input type="checkbox"/> Medical Laboratory Technician | |
| <input type="checkbox"/> EMT/Paramedic | |

X _____
Signature of Medical Personnel

Printed Name

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X _____
Signature of Peace Officer Receiving Blood Sample

Officer's Printed Name Badge Number

Arresting Agency