



### Certificate of Exemption

Name of Student (please print)

Date of birth

ID#

\_\_\_\_\_ Indicate first semester attended

City

State

Zip

Fall

Spring

Summer

### Type of Exemption

1. **MEDICAL CONTRAINDICTION:**

I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

\_\_\_\_\_ Immunization(s)

\_\_\_\_\_ Immunization(s)

\_\_\_\_\_ Specify contraindications

\_\_\_\_\_ Signature of physician

2. **RELIGIOUS OBJECTIONS:**

I hereby certify that immunization is contrary to the teachings of the above named student's religion.

\_\_\_\_\_ Signature of student or parent if student is a minor

\_\_\_\_\_ Date

3. **PERSONAL OBJECTION:**

I hereby certify that the immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the university I may have to be excluded for my protection and the protection of other students at the university.

Briefly summarize your objections in the space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please mark which immunizations this exemption applies to:

- MMR (Measles, Mumps, and Rubella)
- Polio
- Meningitis (for students living in residence halls only)
- Hepatitis B
- Dtap/TD (Diphtheria, Tetanus, and Pertussis)
- All

\_\_\_\_\_ Signature of student or parent is student is a minor

\_\_\_\_\_ Date