

CERTIFICATE OF EXEMPTION

Name of Student _____ Date of Birth _____ Banner ID _____

Address _____ City _____ State _____ Zip _____

Indicate first semester attended ☐ Fall ☐ Spring ☐ Summer Year _____

Type of Exemption (please choose one)

☐ **Medical Contraindication**

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

Immunization(s) _____

Specify contraindications _____

Signature of Provider _____ Date _____

☐ **Religious Objection**

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

Signature of Student (or parent if student is a minor) _____

☐ **Personal Objection**

I hereby certify that the immunization(s) is contrary to my beliefs. I request an exemption to the immunization(s) 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 below:

Signature of Student (or parent if student is a minor) _____

Please check which immunization(s) this exemption applies to:

☐ MMR (Measles, Mumps, and Rubella)

☐ Hepatitis B

☐ Dtap/TD (Diphtheria, Tetanus, and Pertussis)

☐ Polio

☐ Meningitis (for students living in residence halls only)

☐ All immunizations listed

Signature of Student (or parent if student is a minor) _____ Date _____