



University Health Services

Certificate of Exemption

Name of Student (please print)	Date of birth	ID#
City	State	Zip
Indicate first semester attended		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		

Type of Exemption

1. MEDICAL CONTRAINDICATION:

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 OBJECTION:

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
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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 this space: _____

Signature of student or parent if student is a minor	Date
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4. Please check which immunizations this exemption applies to:

<input type="checkbox"/> MMR (Measles, Mumps, and Rubella)	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Dtap/TD (Diphtheria, Tetanus, and Pertussis)
<input type="checkbox"/> Meningitis (for students living in residence halls only)	<input type="checkbox"/> All

Signature of student or parent if student is a minor	Date
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