

# Northeastern State University

## Certification of Exemption

Oklahoma Statutes, Title 70 3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against Hepatitis B and Measles, Mumps, and Rubella (MMR).

Student's Name: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps, and rubella (RRB), and I have received and reviewed the educational information provided by my institution concerning hepatitis B, mumps, measles, mumps, and rubella (MMR), including the risks and benefits of the vaccination.

This Exemption applies to:  MMR  Hepatitis B

### TYPE OF EXEMPTION:

**1.  MEDICAL CONTRAINDICATION:** I hereby certify that the immunization(s) specified below are medically contraindicated for the named student.

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

\_\_\_\_\_  
Specify Contraindications

\_\_\_\_\_  
Physician Signature

**2.  RELIGIOUS OBJECTION:** I hereby certify that the immunization is contrary to the teachings of the above named student's religion.

\_\_\_\_\_  
Student Signature (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 the other students at the university.

Briefly summarize your objection in this space: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature (or parent, if student is a minor)

\_\_\_\_\_  
Date

Please return completed form to the following address: Northeastern State University Student Health Services, Attn: Immunization Compliance, 720 N Lewis Ave, Tahlequah, OK 74464 or Fax to 918-458-2300