



**CERTIFICATE OF EXEMPTION**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Birth date ( / / )

\_\_\_\_\_  
Student I.D. Number (CW I.D.#)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please Indicate \_\_\_\_\_ Fall  
first semester \_\_\_\_\_ Spring  
attended \_\_\_\_\_ Summer

**TYPE OF EXEMPTION**

**Please Identify the Exemption Type(s) that you are Claiming:**

**1. MEDICAL CONTRAINDICATION:**

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

**Please Check Which Immunizations this Exemption Applies To:**

MMR (Measles, Mumps, and Rubella)                       Hepatitis B

Polio     DtaP/Td (Diphtheria, Tetanus & Pertussis)

Meningitis (for students living in Residence Halls only)                       All

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

**3. PERSONAL OBJECTION:**

I hereby certify that 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 ground 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 for the protection of the other students at the university.

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

**Please Check Which Immunizations this Exemption Applies To:**

MMR (Measles, Mumps, and Rubella)                       Hepatitis B

Polio     DtaP/Td (Diphtheria, Tetanus & Pertussis)

Meningitis (for students living in Residence Halls only)                       All

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

**PLEASE RETURN COMPLETED FORM TO:**  
OSUIT Campus Health Services  
Student Union Building  
1801 East 4<sup>th</sup> Street  
Okmulgee, OK 74447  
(918) 293-4940/FAX: (918) 293-4606

**Immunization Hold Removed By:**

Name \_\_\_\_\_ Office \_\_\_\_\_

Date Hold Was Removed \_\_\_\_\_