



# 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:**

- |                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> MMR (Measles, Mumps, and Rubella)                        | <input type="checkbox"/> Hepatitis B                               |
| <input type="checkbox"/> Polio                                                    | <input type="checkbox"/> DtaP/Td (Diphtheria, Tetanus & 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*

**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:**

- |                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> MMR (Measles, Mumps, and Rubella)                        | <input type="checkbox"/> Hepatitis B                               |
| <input type="checkbox"/> Polio                                                    | <input type="checkbox"/> DtaP/Td (Diphtheria, Tetanus & 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*

**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

<b>Immunization Hold Removed By:</b>	
Name _____	Office _____
Date Hold Was Removed _____	