In compliance with Oklahoma Law and in accordance with OSU-OKC policy, the following information is required of ALL new students:

If applicable, please check the following:

☐ I have received the vaccinations for measles, mumps, rubella and hepatitis B.

OR ONE OF THE FOLLOWING EXEMPTIONS APPLIES TO ME:

TYPES OF EXEMPTION

1. MEDICAL CONTRAINDICATIONS:
   I hereby certify that the immunization(s) specified below are medically contraindicated for the above named student.
   Immunization(s):
   Specify Contraindications:
   ________________________________ Date: ________________________________
   Signature of Physician:

2. RELIGIOUS OBJECTION:
   I hereby certify that immunization is contrary to the teachings of the above names student’s religion.
   ________________________________
   Signature of student 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 of other students at the university.
   Briefly summarize your objections in this space:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   ________________________________
   Signature of student or parent if student is a minor Date

4. PLEASE CHECK WHICH IMMUNIZATION THIS EXEMPTION APPLIES TO:
   ☐ All ☐ MMR (Measles, Mumps and Rubella) ☐ Polio ☐ Hepatitis B ☐ Dtap/TD (Diphtheria, Tetanus and Pertussis)
   ________________________________
   Signature of student or parent if student is a minor Date

5. I BELONG TO ONE OF THE FOLLOWING GROUP OF STUDENTS WHO ARE EXEMPT FROM THIS REQUIREMENT: (Place a check in the applicable box below.)
   ☐ I was born prior to January 1, 1956, or
   ☐ I am currently active duty in a branch of the United States military, or
   ☐ I have been admitted to and/or attended another accredited college or university located in the State of Oklahoma
     Name of Institution: ________________________________
     ________________________________ or,
   ☐ I graduated from a high school that required these vaccinations.
     State high school located: ________________________________ Year of graduation: __________ or,
   ☐ I am enrolling only in off-campus or distance education courses.

The information provided in this document is true and accurate to the best of my belief. I understand that falsification of this document is a violation of the Student Code of Conduct and such conduct could result in suspension, expulsion, or other disciplinary action taken by the college. I also acknowledge if my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional courses.

______________________________ Date
   Signature of Student