



IMMUNIZATION CERTIFICATE OF COMPLIANCE

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

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 \_\_\_\_\_ Immunization \_\_\_\_\_ Immunization \_\_\_\_\_ Immunization \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_