



# CERTIFICATE OF EXEMPTION



INSTITUTE OF TECHNOLOGY INSTITUTE OF TECHNOLOGY

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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)
- Polio
- Meningitis (for students living in Residence Halls only)
- Hepatitis B
- DtaP/Td (Diphtheria, Tetanus & Pertussis)
- 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)
- Polio
- Meningitis (for students living in Residence Halls only)
- Hepatitis B
- DtaP/Td (Diphtheria, Tetanus & Pertussis)
- 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 _____	