



Alexander Student Health Center  
Immunization Certificate of Exemption

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Name of Student (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
First semester attended \_\_\_ Fall  
\_\_\_ Spring  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \_\_\_ Summer

Type of Exemption

1. MEDICAL CONTRAINDICATION:

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

Immunization(s) \_\_\_\_\_ Immunization(s) \_\_\_\_\_

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

Printed Name of Physician \_\_\_\_\_ Signature \_\_\_\_\_

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above named student's religion.

Printed Name \_\_\_\_\_ 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 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 and for the protection of other students at the university.

Briefly summarize your objections in this space

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Printed Name \_\_\_\_\_ Signature of student or parent if student is a minor \_\_\_\_\_

Please check which immunizations this exemption applies to:

- MMR (Measles, Mumps and Rubella)  Hepatitis B  
 Meningitis (for students living in Residence Halls only)  All

Printed Name \_\_\_\_\_ Signature of student or parent if student is a minor \_\_\_\_\_