UNIVERSITY OF CENTRAL OKLAHOMA
Certification of Exemption

Oklahoma Statutes, Title 70 §3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against Hepatitis B; Measles, Mumps and Rubella (MMR)

Student’s Name: ________________________________________________________________________
Student ID: *_____________________________________________ Birth date: _____________________

I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

This Exemption applies to: ☐MMR ☐Hepatitis B

TYPE OF EXEMPTION:

1. ☐ MEDICAL CONTRAINDICATION: I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

<table>
<thead>
<tr>
<th>Immunization(s)</th>
<th>Immunization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify contraindications</td>
<td>Physician Signature</td>
</tr>
</tbody>
</table>

2. ☐ RELIGIOUS OBJECTION: I hereby certify that immunization is contrary to the teachings of the above named student’s religion. **Summarize objection on lines below.**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature (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 and the protection of other students at the university. **Summarize objection on lines below.**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature (or Parent, if student is a minor)             Date

Please return completed form to the following address: University of Central Oklahoma, Attn: Immunization Compliance, 100 N. University Drive, Box 151 Edmond, OK, 73034 or fax to (405) 974-3841.