CERTIFICATE OF EXEMPTION

Name of Student (please print)	Date of Bir	rth CV	VID (Student ID Number)
OSU-Tulsa	Tulsa	Oklahoma	
Name of University	City	State	
Please indicate first semester attended:	Fall	Spring	Summer
Please select only one and sign under that the bottom of this form.	TYPE OF EXexemption. M	_	uestion #4 as well as sign again at
1. MEDICAL CONTRAINDICATION: I hereby certify that the immunization(s) sp	ecified below a	are medically contrair	ndicated for named student.
Immunization(s)	Immunization(s)		
Specify Contraindications	Signature of physician		
2. RELIGIOUS OBJECTION: I hereby certify that immunization is contra	ry to the teach		med student's religion. ure of student or parent if student is a minor
3. PERSONAL OBJECTION: I hereby certify that immunization is contrarequirements for Oklahoma colleges and unprovided below. I understand that lost receivent of a disease outbreak at the university other students at the university. Briefly summarize your objections in this specified in the second control of	niversities. I ha ords are not gro by I may have to	ve written a brief sun ounds for an exemption	nmary of my objections in the space on. I also understand that in the
4. Please check which immunizationMMR (Measles, Mumps and Rubella	n)	ption applies to:	ure of student or parent if student is a minorHepatitis B
Tuberculosis (Internationally admitt	eu students no		equirement) ure of student or parent if student is a minor

RETURN COMPLETED FORM TO:

Student Services North Hall 103 Fax 918-594-8114

Email: tulsa.wellness@okstate.edu