NAME: ____________________________________________ STUDENTID: _______________________

(Please print)

Oklahoma state law (Oklahoma statute, Title 70 §3244) requires that all students who attend an Oklahoma college or university provide documentation of immunization against hepatitis B, measles, mumps and rubella (MMR). The law requires institutions to notify students of the immunization requirements and provide students with educational information concerning these diseases, including risks and benefits of vaccinations.

The law permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such students shall be exempt from the immunization. Further, the law permits a student or if the student is a minor, the student’s parent or legal guardian, to sign a written waiver stating that the administration of the vaccine conflicts with the student’s moral or religious tenets.

Please check the appropriate statement and sign below:

_____ 1. I have been vaccinated and have documentation in support as required by Oklahoma state law.

_____ 2. I am exempt from the requirement and have a written statement from a licensed physician indicating that a vaccine is medically contraindicated.

_____ 3. The administration of the vaccine conflicts with my moral or religious tenets (or those of the parent/legal guardian if student is less than 18 years of age).

I certify that the above checked statement is true and correct. I understand that the documentation referenced above must be retained by me and produced on request by university officials.

STUDENT SIGNATURE: ____________________________________________ DATE: _______________________

PARENT/LEGAL GUARDIAN: ____________________________________________ DATE: _______________________

(Only required if student is less than 18 years of age.)

RETURN TO:      BY MAIL:       Student Health Services
                1405 N 4th, PMB 4088
                Durant, OK  74701-0609

                BY FAX:  580-745-7567

Only this form is required. Please do not send/attach any additional medical documentation.