East Central University

Certificate 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 fur named student.

_____ _____

Immunization(s) Immunization(s)

_____ _____

Specify contraindications Physician Signature

2. ☐ **RELIGIOUS OBJECTION:** I hereby certify that immunization is contrary to the teachings of the above named student's religion.

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.

Briefly summarize your objection in this space:

_____

_____

_____

Student Signature (or parent if student is a minor): _____ Date: _____

Please return completed form to:

East Central University, Attn: Lisa Letellier

1100 E. 141h PMB S-7

Ada, Oklahoma 74820