Rev. 02/22/06

Exemption Request for Immunization Requirement

Important: In the case of a disease outbreak on campus, students who have claimed exemption will be excluded from campus unless they can prove immunity. This will include classes and/or residential housing. Therefore, it is important to provide the most complete immunization history possible.

Name _____
(Print) Last First Initial

Date of Birth _____/_____/_____ Social Security # _____ (optional) Student ID# _____ (optional)

Address _____

Phone # _____ Email address _____

Students who apply for exemption are encouraged to discuss the risks of non-immunization with their medical providers. This form **must** accompany the Mandatory Immunization Form as the Meningitis and Hepatitis B waivers must also be signed.

Medical Exemption: The student named above does not have one or more of the required immunizations because he or she has (Check all that apply):

___ documentation of a confirmed (as opposed to self-reported) diagnosis of _____ disease(s) in the health history.

___ a medical condition that contraindicates receiving the _____ vaccine.

___ is pregnant or nursing and needs temporary exemption until _____ (fill in date).

___ _____.

_____ _____
Signature of Physician, Physician Asst, or Nurse Practitioner Date

_____
Clinic Address Phone#

Religious Exemption: A notarized statement that having immunizations are against the student's religious beliefs.
I hereby certify that being immunized against measles, mumps and rubella is against my religious beliefs.

_____ _____
Signature of Student Date

Subscribed and sworn before _____ (Name of Notary) on the day of _____, _____

_____
Signature of Notary Official Stamp

Mail Form to:
School of Mines and Technology
Dean of Students Office
501 E St Joseph Street
Rapid City SD 57701