# Exemption Request for Immunization Requirement

**This form must accompany the Mandatory Immunization Form.**

Name _____
(Print) Last First Initial

Date of Birth _____/_____/_____ Social Security # _____ USD 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 _____ on the day of _____, _____
(Name of Notary)

_____
Signature of Notary Official Stamp

Commission Expiration Date _____

**Mail with the Mandatory Immunization Form to:**
**Sanford Clinic Vermillion/USD Student Health**
**C/O Rashaun Puthoff**
**20 S. Plum St**
**Vermillion, SD 57069**