

Sanford Clinic Vermillion- USD- Student Health

Religious Exemption to Mandatory MMR Immunization

Name: _____
Last First Middle

Date of Birth: _____ USD Student ID #: _____

Permanent Address: _____
Street City/State/Zip/ Country

Date

I, _____ request a religious exemption to the South Dakota State Law mandating MMR immunization based on religious doctrine whose teachings are opposed to such immunizations. SD law does not allow for philosophical objections based upon morals, philosophical and other personal beliefs.

In the event of an outbreak I, _____ will be excluded from campus for the duration of the outbreak.

Signature of Student

Date

Signature of Parent or Guardian

Date

*If under 18 years old