

# Rogers State University Immunization Waiver

Student ID Number \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Semester \_\_\_\_\_

Type of Exemption

**Medical Contraindication:** I hereby certify that the immunization(s) specified below are medically contraindicated.

Physician's signature \_\_\_\_\_

**Religious Objection:** I hereby certify that immunization is contrary to the teachings of my religion.

Signature \_\_\_\_\_

**Personal Objection:** I hereby certify that I have personal reasons against immunization. I request an exemption from the Rogers State University immunization requirements due to the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I choose to waive the following immunizations:

\_\_\_ MMR \_\_\_ Hepatitis B Other \_\_\_\_\_

I understand that in the event of a disease outbreak at the university I will not be able to attend class for my own protection and the protection of other students, faculty and staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rogers State University  
Student Health Center  
1701 West Will Rogers Blvd.  
Claremore, OK 74017  
918-343-7614  
918-343-7802 Fax