

# 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:

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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 Office of the Registrar  
Markham Hall, Room 249  
1701 West Will Rogers Blvd., Claremore, OK 74017  
918-343-7552 | registrar@rsu.edu