

Submit with" Application for Admissions" do not submit Immunization Records

Immunization Compliance Form

Immunization Policy: Exemption Statement for Students with Exemptions or Exceptions

In Compliance with Oklahoma Statutes, Title 70 = \$3242

Instructions: Students who successfully complete and sign this form <u>do not</u> have to provide the Office of Admissions with **Immunization Records.** - - State law allows for certain exemptions based upon medical contraindications, religious or moral objections. The Board of Regents, in its discretion, includes exceptions to the requirement for vaccinations for each of the following categories of students. Additionally, the immunization requirement shall not apply to students enrolling in courses delivered through the *Internet* or at *distance learning sites* which the student is not required to attend class on campus. (Note: students living in on-campus housing must present proof of meningococcal immunization to Director of Housing).

Check	k <u>one</u> box below:						
	concurrently enrolled <u>high school</u> student;	Write-in: High School and State <i>:</i>					
	graduated from a <u>high school</u> in a state that requires vaccinations for hepatitis B, measles, mumps, and rub		sles, mumps, and rubella;				
	transferring from an institution within The Oklahoma State System of Higher Education or private institution of higher learning located within this state and accredited pursuant to Section 4103 of Title 70 of the Oklahoma Statutes; born before January 1, 1956; a member of a National Guard Unit or Military Reserve Unit or who is currently on active duty in a branch of the United States military, or enrolling only in web-based courses or at a distance learning site. <i>Religious Objections: (summarize:)</i> Moral or Personal Objection: (summarize:) Medical Contraindications (Physician completes & signs below)						
					Physician Signature with Medical	Date	
					Contraindications		Additional information on immunizations may be found at:
) Studen	t Signature Required:		 Center for Disease Control <u>www.</u> Local health departments
				PRINT Name Student Signa	ture Student CASC ID#	Date	