

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