



## Certificate of Vaccination Compliance or Exemption

Oklahoma Statutes, Title 70 sec. 3244 requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide proof of immunization for:

- Hepatitis B (three doses)
- Measles-Mumps-Rubella (MMR – two doses)
- A meningitis vaccine is strongly encouraged (but not required) if you are living in campus housing

The statute requires that institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination. The statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student’s parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student’s moral or religious tenets.

### Proof of immunizations requires the following:

- Signature of a physician, nurse or stamp verifying the accuracy of submitted information on any of the following:
  - Shot records, medical records, or school health records
  - Laboratory test results demonstrating immunity
- A printout from your state immunization registry

### Exemptions

- Medical, religious and moral exemptions are allowed by law and such requests must be made in writing using the form below and with attached documentation.

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
SS# or Student ID #

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Term/Year of Enrollment

- I have been vaccinated and have provided documentation in support as required by Oklahoma law.
- I am exempt from the requirement have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated.
- The administration of the vaccine conflicts with my personal or religious beliefs. I have attached a brief summary of my objections and the immunization to which it applies. I also understand that in the event of a disease outbreak at the college, I may have to be excluded for my protection and the protection of other students and employees.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Legal Guardian (if student is under 18 years old)

\_\_\_\_\_  
Date