

INSTRUCTIONS FOR COMPLETING THE USAO CERTIFICATE OF EXEMPTION

Oklahoma law requires that students attending institutions of higher education in the state, such as USAO, submit acceptable evidence of adequate immunization. Such evidence is required before the student is allowed to enter or attend School. Students with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the University of Science and Arts of Oklahoma. Students who have objections to immunizations based on religious teachings or personal beliefs can also apply for an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the University of Science and Arts of Oklahoma and available for review.

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the Oklahoma Law. Students who have lost their records should refer to their local health department or family physician. The nurse or doctor can interpret the past immunization history and provide any needed immunizations and create a record for the student that can be submitted to the University of Science and Arts of Oklahoma.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak at the University of Science and Arts of Oklahoma will very likely result in exposure of students attending on the basis of an exemption. These students are very likely to be susceptible to the diseases and therefore may have to be excluded for the duration of any outbreak for their own health and for the health of the other students. Students and parents should be informed of this possibility before signing a Certificate of Exemption.

A completed copy of the Certificate of Exemption must be mailed by the University of Science and Arts of Oklahoma to the Immunization Service to review all exemptions.

University of Science and Arts of Oklahoma Certificate of Exemption

_____ Name of Student (please print)		_____ Date of Birth	_____ USAO ID#
_____ City	_____ State	_____ Zip	First semester attending USAO <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

Type of Exemption

1. **MEDICAL CONTRAINDICATION:**

I hereby certify that the immunization(s) specified below are medically contraindicated for named student.

_____ Immunization(s)	_____ Immunization(s)
_____ Specify Contraindications	_____ Signature of Physician

2. **RELIGIOUS OBJECTION:**

I hereby certify that immunization is contrary to the teachings of the above-named student's religion.

_____ Signature of student or parent if student is a minor	_____ Date
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3. **PERSONAL OBJECTION:**

I hereby certify that the immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the university I may have to be excluded for my protection and the protection of other students at the university.

Briefly summarize your objections in this space:

4. Please check which immunizations this exemption applies to:

MMR Hepatitis B Meningitis (for students living in residence halls only) All

_____ Signature of student or parent if student is a minor	_____ Date
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