

EXEMPTION REQUEST FOR IMMUNIZATION REQUIREMENT

Please complete and return to:
Student Health Clinic and Counseling Services
Box 2818, Wellness Center, SDSU, Brookings, South Dakota 57007
Phone 605-688-4157 • Fax 605-688-6450

This form must accompany the "Mandatory Immunization Record" form. Students who apply for exemption are encouraged to discuss the risks of non-compliance with their health care providers. By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the South Dakota Department of Health declares the existence of a measles, mumps or rubella outbreak at the university. This exclusion shall remain in effect for such time as determined by the South Dakota Department of Health

Name _____
(Print) Last First Initial

Date of Birth ____/____/____ SDSU Student ID # _____

Address _____

Phone # _____ Cell Phone # _____

E-mail address _____

Medical Exemption: The physical condition of the above named student is such that the required MMR immunizations would endanger life or health.

Reason for exemption: _____

Permanent _____ Temporary _____ (Date to be released)

Signature of Licensed Physician per SDCL Chapter 36-4 Date

Printed Name

Clinic Address Phone #

Religious Exemption: I adhere to a religious doctrine whose teachings are opposed to such test and immunization.

Signature of student (parent/guardian of student, if minor) Date
