

Exemption Request for Immunization Requirement

Important: In the case of a disease outbreak on campus, students who have claimed exemption will be excluded from campus unless they can prove immunity. This will include classes and/or residential housing. Therefore, it is important to provide the most complete immunization history possible.

Name _____
(Print) Last First Initial

Date of Birth ____/____/____ Social Security # _____ Student ID # _____
(optional) (optional)

Address _____

Phone # (____) _____ Email address _____

Students who apply for exemption are encouraged to discuss the risks of non-immunization with their medical providers.

Medical Exemption: The student named above does not have one or more of the required immunizations because he or she has (Check all that apply):

_____ documentation of a confirmed (as opposed to self-reported) diagnosis of _____ disease(s) in the health history precluding receiving the MMR vaccine.

_____ the student received the first MMR on _____ (date) and experienced an adverse reaction which precludes a second vaccination.

_____ is pregnant or nursing and needs **temporary waiver** until _____ (fill in date).

Signature of Physician (MD/DO) Date

Printed Name of Physician Clinic Name

Clinic Address (street address, city, state and zip code) Phone #

Religious Exemption: I hereby certify that being immunized against measles, mumps and rubella is against my religious beliefs.

Signature of Student (if over the age of 18) Date

Printed Name of Student

Signature of Parent (if student is under the age of 18) Date

**Mail Form to: SD Mines/Dean of Students Office
501 E. St. Joseph Street
Rapid City, SD 57701**