

## 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. This form **must** accompany the Mandatory Immunization Form as the Meningitis and Hepatitis B waivers must also be signed.

**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.

\_\_\_ a medical condition that contraindicates receiving the \_\_\_\_\_ vaccine.

\_\_\_ is pregnant or nursing and needs temporary exemption until \_\_\_\_\_ (fill in date).

\_\_\_ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Physician, Physician Asst, or Nurse Practitioner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clinic Address

\_\_\_\_\_  
 Phone#

**Religious Exemption:** A notarized statement that having immunizations are against the student's religious beliefs. I hereby certify that being immunized against measles, mumps and rubella is against my religious beliefs.

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

\_\_\_\_\_  
 Date

Subscribed and sworn before \_\_\_\_\_ on the day of \_\_\_\_\_,  
 (Name of Notary)

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Official Stamp

**Mail Form to:**  
**School of Mines and Technology**  
**Dean of Students Office**  
**501 E St Joseph Street**  
**Rapid City SD 57701**