



CERTIFICATE OF EXEMPTION FORM

Oklahoma Senate Bill 787, Title 70 3242 states, in order to enroll as a full-time or part-time student in an institution within the Oklahoma State System of Higher Education (public or private) all students shall provide written documentation of vaccinations against Hepatitis B, Measles, Mumps, and Rubella (MMR). The bill also requires that all students who are first-time enrollees and who reside in on-campus student housing shall be vaccinated against Meningococcal disease. Institutions of higher education will provide the student or the student’s parents or other representative detailed information on the risks associated with these diseases, and the risks and benefits of the vaccinations. The statute permits the student or, if the student is a minor, the student’s parents or other legal representative to sign a certificate of exemption/waiver declaring that the administration of the vaccine is medically contraindicated, or that it conflicts with the students moral or religious tenets.

Name (Last, First, MI): _____ DOB: ____/____/____

SNU ID#: _____

Please check which vaccine(s) this waiver/exemption applies to:

- Hepatitis B Measles, Mumps, and Rubella (MMR)
Meningococcal (first-time enrollees, residing in on-campus housing)

Select ONE reason below for this waiver/exemption below:

PERSONAL OBJECTION

I hereby request an exemption from this vaccination requirement based on my sincerely held moral and/or religious beliefs, practices, or observances. I understand that lost records are not grounds for an exemption.

- Please explain the reasons for your requested exemption. If you do not provide a statement that includes your reason, your exemption request will not be processed. (Attach a written statement to this document).

MEDICAL CONTRAINDICATION

I hereby certify that the following immunization(s) are medically contraindicated for the student. A signature from a licensed physician is required.

Immunization(s): _____

Physician Name: _____ Phone: _____

Practice Address: _____

Signature: _____ Date: _____

FURTHER, I hereby understand and acknowledge:

(initial) I voluntarily agree to release, discharge, and hold harmless Southern Nazarene University, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized.

To the best of my knowledge, I affirm that the information and documentation provided on this form is true and accurate.

Student Signature (Parent/Guardian if student is a minor)

Date