

# 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**

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**This form must accompany the "Required 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 \_\_\_\_\_

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**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 Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Clinic Address \_\_\_\_\_ Phone # \_\_\_\_\_

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**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 \_\_\_\_\_

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