



EXEMPTION REQUEST FOR IMMUNIZATION REQUIREMENT

Name _____ Student ID _____

Birthdate _____ SSN _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please fill out the appropriate section as to why you are requesting exemption from submitting immunization records.

1. MEDICAL EXEMPTION

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

- Documentation of a confirmed (as opposed to self-diagnosed) diagnosis _____ 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)
- Other (please explain) _____

Signature of Physician, Asst. or NP Clinical Address Phone Date

2. CONSCIENTIOUS EXEMPTION

A notarized statement that having immunizations are against the student's religious beliefs.

I hereby certify that being immunized against Measles, Mumps, Rubella is against my religious beliefs.

Signature of Student Date

3. RECORDS NOT AVAILABLE

A notarized statement that immunizations were received but the records are unavailable for the indicated reason below.

I hereby certify that I have received the Measles, Mumps, Rubella immunizations, but the records are no longer available for the following reason(s):

(Please Explain)

Signature of Student

Date

4. BORN BEFORE 1957

I hereby certify that I was born before 1957 and am therefore not required to receive the Measles, Mumps, Rubella immunizations.

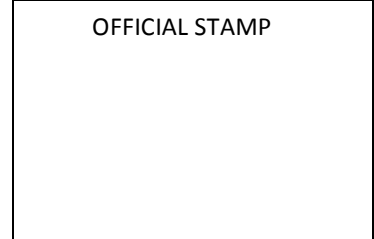
Signature of Student

Date

Subscribed and sworn before _____
Name of Notary

On this day of _____, _____

Signature of Notary



MAIL TO:
SOUTHEAST TECH
ATTN: ADMISSION OFFICE
2320 N CAREER AVE
SIOUX FALLS, SD 57107