

# UNIVERSITY OF MINNESOTA MORRIS

## IMMUNIZATION EXEMPTION FORM

Please print. Complete one of the two boxes below and return by mail to:

Student Health Service  
University of Minnesota Morris  
600 E 4th St  
Morris, MN 56267

### STUDENT INFORMATION

Last name: \_\_\_\_\_

Preferred<sup>o</sup> first name: \_\_\_\_\_ Legal<sup>o</sup> first name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<sup>o</sup>The University of Minnesota Morris recognizes that many of its students use a name other than their legal/primary name. The student's preferred name will be used whenever possible in communications and reporting, except where the use of the legal name is necessitated by University business or legal requirements.

### MEDICAL EXEMPTION THROUGH PHYSICIAN'S SIGNATURE

The student named above does not have one or more of the required immunizations because they have (check all that apply and fill in the appropriate blanks):

A medical problem that precludes the(se) vaccine(s) \_\_\_\_\_

Not been immunized because of a history of the following disease(s) \_\_\_\_\_

Shown laboratory evidence of immunity against \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSCIENTIOUS EXEMPTION THROUGH SIGNATURE OF NOTARY

I hereby certify by notarization that immunization against \_\_\_\_\_ is contrary to my conscientiously held beliefs.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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