



Immunization Compliance Form

Oklahoma Statutes, Title 70 §3244, requires that all students who enroll as first-time or part-time in an Oklahoma public or private postsecondary educational institution provide documentation of vaccinations against measles, mumps and rubella (MMR) and hepatitis B.

Instructions: Complete the following information, sign and date. Return with Application for Admissions.

Student's Full-Name: _____

Date of Birth: _____ Term/Year of first enrollment: _____

Student ID or Social Security Number: _____

I certify that:

- I have received the vaccinations for measles, mumps and rubella (MMR), and hepatitis B and have provided documentation.
I have received vaccinations for measles, mumps and rubella (MMR) and will complete vaccinations for hepatitis B within 6 months.
The administration of the vaccines for measles, mumps and rubella (MMR), and hepatitis B conflict with my moral or religious beliefs.
It is medically inadvisable for me to take these vaccinations and I am submitting below a physician's statement.
I belong to one of the groups of students that are exempt and I have identified the group to which I belong.

(check exemption below)

Exemptions:

- I am a concurrently enrolled high school student at _____ high school.
I graduated from an Oklahoma high school after 1995.
I graduated from a high school in another state that requires vaccinations for MMR and hepatitis B.
I am transferring from another college located in the State of Oklahoma.
I am an adult student born before January 1, 1956.
I am active military.
I am only enrolling in web-based courses or at a distance learning site or training center.
I have been provisionally admitted and will take no more than 9 credit hours at this institution until I have submitted the above information and been admitted as a regular student.

PHYSICIAN'S STATEMENT

I hereby certify that the administration of the vaccines for hepatitis B, measles, mumps and rubella (MMR) are medically inadvisable for the above named student.

Signature of Licensed Physician

Date

The information provided in this document is true and accurate to the best of my ability. I understand that falsification of this document is a violation of the Student Code of Conduct and such conduct could result in suspension or expulsion from Seminole State College.

If my status at this institution changes so that any above exemptions no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional courses.

Signature of Student or Parent or legal guardian if student is under 18 years of age

Date