

# 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 "Mandatory 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 Licensed Physician per SDCL Chapter 36-4 Date

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

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

**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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