



**SOUTH  
DAKOTA  
MINES**

# Exemption Request for Immunization Requirement

Please remit this form prior to registration by email, mail or fax to:

## Dean of Students Office

South Dakota Mines • 501 E. Saint Joseph Street • Rapid City, SD 57701-3995  
deanofstudents@sdsmt.edu • 605-394-2416 • FAX: 605-394-6721

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: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Student ID (if known): \_\_\_\_\_ Email Address: \_\_\_\_\_

### Medical Exemption: (Must be signed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.))

I certify that the above named student should be exempted from the requirements for the measles, mumps, and rubella (MMR) vaccine based on:

\_\_\_\_\_ The following medical reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Adverse reaction to the first MMR on \_\_\_\_\_ which precludes administration of the second MMR dose.  
mm/dd/yyyy

\_\_\_\_\_ Is pregnant or nursing and needs temporary exemption until \_\_\_\_\_ (fill in date).

**I certify the physical condition of this student to be such that the inoculation(s) specified on this form would seriously endanger the life or health of this student.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (printed): \_\_\_\_\_ Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### Religious Exemption:

I hereby certify that being immunized against measles, mumps, and rubella is against my religious beliefs.

Student's Signature (if over the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if student is under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_