



**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): _____