



Haskell Indian Nations University Certificate of Immunization

Instructions: All Applicants are required to submit verification of MMR I and MMR II vaccinations (MMR=Measles, Mumps & Rubella). Applicants or parents are not authorized to complete this form. Only a healthcare physician, their personnel, or other official health department representative are allowed to complete this form and sign verifying information. Applicants who wish to waive this requirement may complete the *Exemption Section* only.

(Printed) Student Name: _____ Date of Birth: _____ Student I.D. _____

Address: _____

Required Vaccinations	Record of Month, Day, Year that each dose of vaccine was received		
MMR I Born after 1956	1 st	2 nd dose after 1989	
MMR II Born before 1956	1st		

MMR = Measles, Mumps & Rubella

TO BE COMPLETED BY HEALTH CARE OFFICIAL

I certify I reviewed the student applicant's vaccination record and transcribed it accurately.

Signature _____ Name of Facility _____

Name & Title (Printed) _____ Date: _____

Recommended Vaccinations	Record of Month, Day, Year that each dose of vaccine was received			
Tetanus & Diptheria	Date of most recent			
Polio	Date completed			
Meningitis	Date			
Varicella	Date			
Hepatitis B	Date	Date	Date	Date
Hepatitis A	Date	Date		

Exemption Section

If you wish to claim an exemption due to religious and/or specific medical condition(s), or if you do not wish to submit this information, you may sign an exemption statement below. Please keep in mind; if there is ever an epidemic on campus, and you signed this exemption form, you will be one of the first to be requested to leave campus.

Medical Exemption signed by a Medical Doctor (MD) or Doctor of Osteopathy (DO). Please describe the specific medical condition:

Signature: _____ Date: _____

Religious Exemption signed by student applicant

Signature: _____ Date: _____

Other Exemption signed by student applicant

Signature: _____ Date: _____