



School of Physical Therapy

Review the medical information documents provided by Langston University BEFORE completing the medical history requirements. All new students must complete both pages of this form

CERTIFICATE OF EXEMPTION

<hr/>		<hr/>		<hr/>	
<i>Name of Student (please print)</i>		<i>Date of Birth</i>		<i>Name of University</i>	
<hr/>		<hr/>		<hr/>	
<i>City</i>		<i>State</i>		<i>Zip</i>	
<hr/>		<hr/>		<hr/>	
<i>Social Security Number</i>		<hr/>		<hr/>	
<hr/>		<hr/>		<hr/>	

Please indicate	<hr/>
first semester	<hr/>
attended	<hr/>

TYPE OF EXEMPTION

- MEDICAL CONTRAINDICATION:**
I hereby certify that the immunization(s) specified below are medically contraindicated for Named student.

<hr/>	<hr/>
<i>Immunization(s)</i>	<i>Immunization(s)</i>
<hr/>	<hr/>
<i>Specify Contraindications</i>	<i>Signature of Physician</i>
- RELIGIOUS OBJECTION:**
I hereby certify that immunization is contrary to the teachings of the above named student's religion.

<hr/>	<hr/>
<i>Signature of student or parent if student is a minor</i>	<i>Date:</i>
- PERSONAL OBJECTION:**
I hereby certify that immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Oklahoma colleges and universities. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak at the university, I may have to be excluded for my protection and for the protection of other students at the university.

Briefly summarize your objections in this space:

- Please check which immunizations this exemption applies to:

<input type="checkbox"/> MMR (Measles, Mumps and Rubella)	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> DtaP/TD (diphtheria, Tetanus & Pertussis)
<input type="checkbox"/> Meningitis (for students living in Residence Halls only)	<input type="checkbox"/> All

<hr/>	<hr/>
<i>Signature of student or parent if student is a minor</i>	<i>Date</i>