



## School of Physical Therapy

*Review the medical information documents provided by Langston University BEFORE completing the medical history requirements.*

### **In Compliance with Oklahoma Statutes, Title 70 §3243**

#### **Certification of Compliance Hepatitis B, Measles, Mumps and Rubella (MMR)**

Oklahoma Statutes, Title 70 §3243, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

This statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student's moral or religious tenants.

Student's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Birth date: \_\_\_\_\_ Term/Year of enrollment: \_\_\_\_\_  
Social Security Number or Student ID: \_\_\_\_\_

- 1) **I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and**
- 2) **I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and**
- 3) **Further, I certify that: (Place a check in the applicable space below)**

\_\_\_\_\_ **I have been vaccinated and have attached documentation in support as required by Oklahoma Statute, Title 70 §3243, or**

\_\_\_\_\_ **I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or**

\_\_\_\_\_ **The administration of the vaccine conflicts with my moral or religious tenets.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When a student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and that the administration of the vaccine conflicts with my moral or religious tenets.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_