



Haskell Indian Nations University

Certificate of Immunization

Instructions: All Applicants are required to submit immunization records including verification of MMR I and MMR II vaccinations (MMR=Measles, Mumps & Rubella). Applicants/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. _____

| 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: _____

| Type of Immunization | Date Received | Date Received | Date Received | Date Received | Date Received |
|---|---------------|---------------|---------------|---------------|---------------|
| Tetanus-Diphtheria-Pertussis (DT, DTAP) | | | | | |
| Tdap | | | | | |
| Hepatitis B | | | | | |
| Polio | | | | | |
| Meningitis – <i>Indicate type of inoculation given, i.e., Menactra/Menveo Bexsero/Other</i> | | | | | |
| Varicella | | | | | |
| Hepatitis A | | | | | |
| Other | | | | | |

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: _____