

To the Accepted Student:  
Information you provide will not be used to influence your situation at the College; it will be used, if necessary, solely as an aid to providing necessary health care while you are a student.

St. Olaf Health Services  
1520 St. Olaf Ave.  
Northfield, MN 55057

Incoming students  
**MUST complete and  
return by July 15th**

## EXEMPTION VERIFICATION

Name: \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Which immunization(s) are you requesting exemption for?

- MMR  
 TDAP/TD

### CONSCIENTIOUS/ RELIGIOUS EXEMPTION

MUST BE NOTARIZED. Must fill out if unable to meet required immunizations due to conscientious or religious belief.

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

\_\_\_\_\_  
Student signature (or parent/legal guardian if under 18 years of age)

\_\_\_\_\_  
Date

Subscribed and sworn to me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Stamp:

### MEDICAL EXEMPTION

MUST BE COMPLETED IF UNABLE TO MEET REQUIREMENTS DUE TO MEDICAL CONTRAINDICATIONS

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. Documentation of medical contraindication is required.

\_\_\_\_\_  
Signature of Medical Professional and Clinic Information

\_\_\_\_\_  
Date