

## DOCUMENTATION OF STUDENT VACCINATION STATUS

→ → → Rose State College is committed to protecting the health of its students. Therefore, the submission of the following information is being required of all new students who will be attending classes on campus.

Please check one of the following:

- ☐ I hereby certify that I have received the vaccinations for measles, mumps, rubella and hepatitis B.
- ☐ I hereby certify that I have received vaccinations for measles, mumps and rubella and will complete vaccinations for hepatitis B within six months.
- ☐ I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B conflict with my moral or religious tenets. (In the case of a minor, this must be certified by a parent or legal guardian.)
- ☐ I am submitting below a physician's statement indicating it is medically inadvisable for me to take these vaccinations.
- ☐ I belong to one of the groups of students listed under the exemptions portion of this form, and have identified the group to which I belong.

**The information provided in this document is true and accurate to the best of my ability. I understand that falsification of this document is a violation of the Student Conduct Code and such conduct could result in suspension or expulsion from Rose State College.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Signature of Student, Parent, or Legal Guardian

\_\_\_\_\_  
Date

### PHYSICIAN'S STATEMENT

I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B are medically inadvisable for the above named student.

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date

### EXEMPTIONS

Certain groups of students will not be asked to provide vaccination information. Please indicate if you belong to any of the following groups.

- ☐ I am a high school graduate, and that I graduated from an Oklahoma high school since 1996.
- ☐ I am transferring from another college located in the State of Oklahoma.
- ☐ I am only enrolling in off campus or distance education courses.
- ☐ I am active military.
- ☐ I am enrolling in Training Center classes only.
- ☐ I graduated from a high school that required these vaccinations.  
State of high school graduation: \_\_\_\_\_ Year of graduation: \_\_\_\_\_
- ☐ I have been provisionally admitted and will take no more that 9 credit hours at this institution until I have submitted the above information and been admitted as a regular student.

**If my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional course.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date