



BLACK HILLS
STATE UNIVERSITY

EXEMPTION REQUEST FOR IMMUNIZATION REQUIREMENT

Please complete and return to:

BHSU Office of Admissions
1200 University Street. Unit 9502 Spearfish, SD 57799
Phone 605-642-6343 • Fax 605-642-6254

Students who apply for exemption are encouraged to discuss the risks of non-compliance with their health care providers. By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the South Dakota Department of Health declares the existence of a measles, mumps or rubella outbreak at the university. This exclusion shall remain in effect for such time as determined by the South Dakota Department of Health.

Name _____
(Print) Last _____ First _____ Initial _____

Date of Birth _____ / _____ / _____ BHSU Student ID # _____

Address _____

Phone # _____ Cell Phone # _____

E-mail address _____

Medical Exemption: The physical condition of the above named student is such that the required MMR immunizations would endanger life or health.

Reason for exemption: _____

Permanent _____ Temporary _____ (Date to be released)

Signature of Licensed Physician (**MD or DO**) per SDCL Chapter 36-4 _____ Date _____

Printed Name of Licensed Physician _____

Clinic Name & Address _____ Clinic Phone # _____

Religious Exemption: I adhere to a religious doctrine whose teachings are opposed to such test and immunization.

Signature of student (parent/guardian of student, if student is 17 years or younger) _____ Date _____