

**COUNSELING & HEALTH SERVICES
CONSCIENTIOUS/MEDICAL EXEMPTION FORM**

Students wishing to file an exemption to any or all of the required immunizations must complete the following:

Name <small>(last) (first) (middle initial)</small>	FY__ So__ Jr__ Sr__ Other__ Law__ Graduate School__
Mailing Address	
Birthdate	Student ID #

<p>Medical exemption: The student named above does not have one or more of the required immunizations because he/she has (check all that apply):</p> <ul style="list-style-type: none"> * a medical problem that precludes the _____ vaccine(s). * not been immunized because of a history of _____ disease. * laboratory evidence of immunity against _____. <p>Physician's signature _____ Date _____</p>
<p>Conscientious exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</p> <p>Signature of student: _____ Date _____</p> <p>Subscribed and sworn before me on the _____ day of _____, 20_____.</p> <p>Signature of notary: _____</p>

Please return form to:
Counseling & Health Services
MS-C1908
1536 Hewitt Avenue
St. Paul, MN 55104