



IMMUNIZATION EXEMPTION REQUEST FORM

PRINT THIS PAGE AND SEND TO:

Enrollment Services | Williston State College | 1410 University Avenue Williston, ND 58801
701.774.4211 (f) | wsc.admission@willistonstate.edu

| | |
|--------------------|------------|
| NAME: | EMAIL: |
| STUDENT ID NUMBER: | BIRTHDATE: |

North Dakota State Board of Higher Education requires verification of two (2) measles, mumps, and rubella (MMR) immunizations or immune titers for all students attending Williston State College. With the exception of distance education courses (online, correspondence, or an off-campus site) and students born before January 1st, 1957. All students 21 years of age and younger attending classes on campus must provide documentation of one (1) dose of meningococcal vaccine administered after age 16.

Please complete the appropriate section below regarding your exemption request. Your immunization requirement will not be considered fulfilled until this complete form is received by WSC Enrollment Services.

In the event of an outbreak of a communicable disease in which immunization is required, it may be determined that exclusion from college and college activities may be recommended/required by Williston State College until the danger of the epidemic is over. By signing this form, you are accepting the conditions of this exemption.

Medical Exemption

I certify that it would be harmful to this student's health to be immunized against _____

Check one: Permanent exemption Temporary exemption-Date to be released: _____
month/day/year

Physician's signature _____ Date _____

Physician's address _____

Belief Exemption

I have gone over the risks of not being immunized with a Health Care Provider.

I certify that immunizations against Measles, Mumps, Rubella and/or Meningitis is contrary to my conscientious and/or religious beliefs.

Other Exemption

- My birthdate is prior to January 1, 1957.
- I am unable to receive updated vaccinations due to COVID-19.

Student Signature _____ Date _____