



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:	AGE

North Dakota State Board of Higher Education requires evidence of two (2) measles, mumps, and rubella (MMR) immunizations no less than 28 days apart from a licensed provider or authorized representative of a state or local health department or proof of a positive serologic test for measles, mumps, and rubella 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.

PLEASE NOTE: By requesting the exemption to immunization, the student may be excluded from all campus activities, including classes, in the event that the North Dakota Department of Health declares the existences of a measles, mumps, rubella or meningitis outbreak at Williston State College. This exclusion shall remain in effect for such times as determined by the North Dakota Department of Health.

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.
- I am a benefited NDUS employee.
- I am enrolled in distance education courses only.
- My country does not do the booster vaccination for Meningitis at the age 16 or older. (Only for Meningitis not MMR)

Student Signature _____ Date _____