

## Immunization Records Form

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

### MMR (Measles, Mumps, Rubella)

Date of 1st Immunization MMR

Date of 2nd Immunization MMR

### Hepatitis B Series

Date of 1st Immunization Hepatitis

Date of 2nd Immunization Hepatitis

Date of 3rd Immunization Hepatitis

### Meningococcal (required only if living on campus)

Date of 1st Immunization Meningococcal

Oklahoma law requires all students to provide immunizations information or sign a religious/moral exemption. Moral or Religious Exemption: (Name needed here only if there is a moral/religious exemption.) Please provide the name of the parent or guardian of the above named person or the person himself/herself who has an adherent moral or religious belief opposed to immunizations. This will serve as your signature for this opposition.

\_\_\_\_\_  
First & Last Name (Parent, guardian, emancipated student or student 18 years or older)

\_\_\_\_\_  
Date