

To the Accepted Student:
Information you provide will not be used to influence your situation at the College; it will be used, if necessary, solely as an aid to providing necessary health care while you are a student.

**St. Olaf
Health Center
1520 St. Olaf Ave.
Northfield, MN 55057**

**Must be Complete and
returned by July 15 in
order to register.**

EXEMPTION VERIFICATION

Name: _____ Birth date: _____ / _____ / _____
Last First Middle Month Day Year

**CONSCIENTIOUS /
RELIGIOUS EXEMPTION**

MUST BE NOTARIZED

Must fill out if unable to meet required immunizations due to conscientious or religious belief.

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

Student Signature (or parent or legal guardian if under 18 years of age) Date

Subscribed and sworn to me on the _____ day of _____, 20____.

Signature of Notary Stamp:

MEDICAL EXEMPTION

MUST BE COMPLETED IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO MEDICAL CONTRAINDICATIONS.

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. Documentation of medical contraindication is required.

Signature of Medical Professional / Clinic Information Date