

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

S:Health Forms Online Version-Exemption Verification.docx