

**HASKELL INDIAN NATIONS UNIVERSITY
CERTIFICATE OF IMMUNIZATION (12/04)**

Instructions:

Applicants or parents are not authorized to complete Haskell Indian Nation University Certificate of Immunization form. It must be documented by a physician, their personnel, or health department representative. Applicants may complete the religious exemption section only. This form must be completed. All other immunization records will be returned.

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Social Security Number _____

Address _____

REQUIRED VACCINATIONS	Record the Month, Day & Year that each dose of vaccine was received		
MMR (Measles, Mumps & Rubella) Born after 1956	1st	2 nd dose after 1989	
MMR (Measles, Mumps & Rubella) Born before 1956	1st		

I certify I reviewed the student applicant's vaccination record and transcribed it accurately.

Signature _____ Date _____

Name & Title (Printed) _____ Address _____

RECOMMENDED VACCINATIONS	Record the Month, Day & Year that each dose was received			
Tetanus & Diptheria	Date of most recent			
Polio	Date completed			
Meningitis	Date			
Varicella	Date			
Hepatitis B	Date	Date	Date	Date
Hepatitis A	Date	Date	Date	

STATEMENT OF EXEMPTION TO IMMUNZATION

If your religious or specific medical condition(s) preclude vaccination, then you are subject to exclusion from school and/or quarantine.

Medical Exemption signed by a Medical Doctor (MD) or Doctor of Osteopathy (DO). Please describe the specific medical condition:

Signature _____ Date _____

Religious Exemption signed by student applicant.

Signature _____ Date _____