



Return document to:  
 NDSCS Student Health Services  
 800 6th Street North  
 Wahpeton, ND 58076  
 Fax: 701-671-2386  
 Phone: 701-671-2286

**Certification of Religious, Philosophical, or Moral Belief Exception to the North Dakota State Board of Higher Education**

Name			Birthdate			NDSCS Student ID #		
_____	_____	_____	____/____/____	____	____	____	____	____
Last	First	Middle	Mo	Day	Year			

Students claiming conscientious objection exemption must complete this form and have it notarized. Your immunization requirement will not be considered fulfilled until this signed form is received by NDSCS Student Health Services.

**To be completed by student:**

I request to be exempted from the North Dakota State Board of Higher Education requirement to provide proof of immunity against measles, mumps and rubella (German measles) and/or meningococcal disease (meningitis) prior to enrollment at any North Dakota state college or university.

**Conscientious Exemption:** I hereby certify that immunization against \_\_\_\_\_ is contrary to my conscientiously-held and/or religious beliefs.

I understand that requesting this exemption does carry some risk. In the event of an outbreak of a communicable disease in which immunization is required, it may be determined that exclusion from campus and campus activities may be recommended/required by the Student Health Services Medical Staff/Local Public Health Officer until the danger of the epidemic is over.

I understand that by signing this form, I am accepting the conditions of this exception.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name (last name, first name, middle initial-please print)      Date of Birth:    Month    Day    Year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Signature      Date of Signature:    Month    Day    Year

\_\_\_\_\_( )\_\_\_\_\_  
 Local address and telephone number

**NOTARY PUBLIC COMPLETE THIS SECTION:**

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 IN WITNESS WHEREOF, I hereunto set my hand and official seal.

SEAL

\_\_\_\_\_  
 Notary Public Signature  
 My commission expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_