



Student Health Partners

MEDICAL EXEMPTION FROM MEASLES, MUMPS AND RUBELLA IMMUNIZATIONS

Student's full name _____

Student ID # _____ Date of Birth _____

In the event of an outbreak of measles, mumps or rubella, I understand I may be excluded from school by the local health officer or the State Department of Health and Human Services until I am no longer at risk for contracting or transmitting said disease.

Student Signature and date _____

SECTION BELOW FOR MEDICAL PROVIDER

Reason for medical exemption from MMR's: _____

Permanent Exemption

Temporary Exemption Expires: _____

Health Care Provider
Printed Name and Credentials _____

Signature and Credentials _____ Date _____

Clinic Name, Address and Information or Clinic Stamp

Medical Services

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P.O. Box 173260
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Tel 406-994-2311

Mountains & Minds