Immunization Exemption Request Form

Complete the appropriate section below regarding your exemption request. Exemptions will not be approved until this form is completed and is received by UND Student Health Services.

Required Information:

Name (First Middle Last): ____________________________

Birthdate: ___________________ UND ID: ___________ Phone: ________________

Exemption Type:

☐ Online student only

Medical Exemption

☐ MMR

☐ Meningitis

Belief Exemption

☐ MMR

☐ Meningitis

I understand that requesting this exemption does carry risk. In the event of an outbreak of a communicable disease in which immunization is required (see website for required immunizations), UND Student Health Services staff and or the local/state public health officer will determine exclusions from campus and campus activities until the danger of the epidemic is over.

Student Signature: ___________________________ Date: __________

Submit Documentation:

Email: undstudenthealth@und.edu
Fax: 701-777-4835
Drop off at Student Health Services Room 100 McCannel Hall