



**MONTANA**  
STATE UNIVERSITY

Student  
Health Services

950 W Grant St | P.O. Box 173260  
Bozeman, MT 59717-3180  
Montana.edu/wellness/student-health-services  
(p) 406-994-2311 | (f) 406-994-2504  
(e-mail) immune@montana.edu

**MEDICAL EXEMPTION FROM MEASLES, MUMPS, AND RUBELLA IMMUNIZATIONS**

Student's full name \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that under Montana law (MCA 50-2-118, MCA 20-5-405, and ARM 37.114.715 and ARM 37.114.716), the local health officer may exclude me from school and school-based activities when there is good cause to believe I have been exposed to, or may transmit, a communicable disease, including while awaiting test results to confirm or rule out infection. This authority applies to any of the listed diseases in ARM 34.114. Exclusion will continue until I am no longer considered at risk for contracting or transmitting the disease.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION BELOW FOR MEDICAL PROVIDER**

Reason for medical exemption from MMR's: \_\_\_\_\_

\_\_\_\_\_

Permanent Exemption

Temporary Exemption  Expires: \_\_\_\_\_

Health Care Provider: Printed Name & Credentials \_\_\_\_\_

Signature and Credentials \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name, Address and Information or Clinic Stamp