

Part III : Exemption from Immunization

NOTE: If there is an outbreak of measles on campus, any student without proof of immunity (including students with medical and religious exemptions) will be excluded from campus for at least two weeks without tuition refund.

Part III-A Medical Exemption from Immunization

(Part III-A must be filled out, signed, and stamped by a physician or nurse practitioner. Please provide expiration date of exemption or indicate if exemption is permanent.)

I, _____, certify that it is medically contraindicated for the person named in Part I to be vaccinated for the disease(s) indicated below because of the medical reasons stated below.

Expiration date _____

Permanent exemption _____

Signature _____

Physician or Nurse Practitioner Stamp

Title _____

Date _____

Telephone _____

Part III-B Religious Exemption from Immunization

(Part III-B must be completed by the student, or by a parent or guardian if student is under 18.)

Statement of Specific Religious Beliefs

I, _____ request that I / my child, _____
Full Name (Circle One) Full Name

be exempt from vaccination requirements as provided by law because of specific religious beliefs stated below.

Signature (of student if 18 or older or of parent or guardian if student is a minor) _____

Parent or Guardian Information (if student is under 18)

Name _____
Last First Middle Initial

Street or postal address _____ Apartment no. _____

City _____ State _____ ZIP code _____

Telephone(s) _____
Day Evening/Other

