



Request for Immunization Exemption Form

Legal Name _____ DOB _____

Muhlenberg College requires that I receive the following vaccines:

- Hepatitis B vaccine
- Tetanus, diphtheria, acellular pertussis (Tdap) vaccine
- Measles-Mumps-Rubella (MMR) vaccine
- Meningococcal conjugate (MenACYW) vaccine
- Varicella vaccine
- Polio vaccine

I have read the [Vaccine Information Statement](https://www.cdc.gov/vaccines/hcp/vis/current-vis.html) (<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>) from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my health care provider, who (if applicable) has answered my questions regarding the recommended vaccine(s).

I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)

If I do not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:

- Contracting the illness the vaccine should prevent. I understand the outcomes of these illnesses may include one or more of the following: cancer, pneumonia, COVID, illness requiring hospitalization, brain damage, paralysis, meningitis, seizures, deafness, and death. Other severe and permanent effects from these vaccine-preventable diseases are possible as well.
- Transmitting the disease to others. I understand I must notify Muhlenberg College immediately should I come in contact with a communicable disease and follow the College's directions pursuant to their policies.
- Requiring me to leave campus housing and not attend classes in the event a reportable contagious disease is contracted by myself or another individual. I understand I will not be able to return to campus until approval by Muhlenberg College has been given to me.

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- Participation in school-related activities may be restricted. I understand these activities may include foreign travel, study abroad programs, or other activities where immunizations are required.

Muhlenberg College, the American College Health Association, the Centers for Disease Control and Prevention, and the PA Department of Health all recommend that the vaccine(s) be given according to recommendations.

Nevertheless, due to medical reason(s), religious grounds, or on the basis of a strong moral or ethical conviction similar to religious belief, I have decided at this time to decline or defer the following vaccines (please check applicable box for each vaccine exemption):

- ☐ Hepatitis B vaccine
- ☐ Tetanus, diphtheria, acellular pertussis (Td or Tdap) vaccine
- ☐ Measles-Mumps-Rubella (MMR) vaccine
- ☐ Meningococcal conjugate (MenACYW) vaccine
- ☐ Varicella vaccine
- ☐ Polio vaccine

Reason for exemption:

- ☐ Medical Reason
- ☐ Religious Grounds or strong moral or ethical conviction similar to a religious belief

Medical Exemption: Please attach a signed statement from a health care provider (physician, physician's assistant, or nurse practitioner) documenting your contraindications or precautions to the vaccine(s), including how the vaccine may be detrimental to your health.

Religious Exemption: Please attach a personal, signed statement describing your adherence to a religious belief whose teachings are opposed to such immunizations or a statement on your strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

The College reserves the right to request additional information from your health care provider or additional information and/or documentation about your religious practice(s) or belief(s).

I understand that failure to receive the recommended vaccinations may endanger the health or life of myself and others with whom I might come into contact. I am aware that it is not possible to delineate, specifically, each and every individual risk and hereby expressly assume all of the risks which could occur as a result of my refusal to participate in obtaining immunizations.

I understand that I may re-address this issue with Muhlenberg College at any time and that I may change my mind and accept vaccination any time in the future.

I agree that in exchange for, and in consideration of, the College's permission for me to pursue my college career as a student of Muhlenberg College, that I assume all the risks associated with the potential consequences of not being immunized and hereby agree to indemnify, release and hold harmless Muhlenberg College and its officers, agents, employees from and against any and all liability, actions, causes of action, losses and claims whatsoever which may arise by or in connection with my exemption from some or all of the College's immunization requirements.

I acknowledge that I have read this document in its entirety and fully understand it.

Student Name (print) _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ **Date** _____