

Immunization Exemption Request Form

***** This form must be filled out by any student requesting a medical or religious exemption from Ursinus College's immunization requirements. *****

Legal Name _____ DOB _____

Graduation Year _____

By signing this Immunization Exemption Request Form, **(1)** I acknowledge that I understand Ursinus College's immunization requirements as set forth below, and that **(2)** I am requesting an **exemption** from these requirements. I also **(3)** agree to the requirements of the College's [Immunization and Exemption Policy](#), and I understand that the College will review my exemption request in its sole discretion. Finally, by signing below, **(4)** I agree to **assume the risk** of not receiving the required immunization(s), and **release** and **indemnify** the College from any claims I may have against the College if I am granted an exemption from the College's immunization requirements.

1. Vaccine Requirements

I understand and acknowledge that Ursinus College requires that students receive the following vaccines:

- Hepatitis B vaccine
- Tetanus, diphtheria, acellular pertussis (Td or Tdap) vaccine
- Measles-Mumps-Rubella (MMR) vaccine
- Meningococcal conjugate or polysaccharide vaccine
- Varicella vaccine
- Polio vaccine
- World Health Organization-approved COVID-19 vaccine

I have read the [Vaccine Information Statement](#) (see link) from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) they prevent, and I understand (a) the **purpose and need** for the recommended vaccine(s) and (b) the **risks and benefits** of the recommended vaccines.

I understand and acknowledge that 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-19, 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 and agree that I must notify the Ursinus College Wellness Center immediately if 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 approved by the Wellness Center.
- 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.
- **Additional consequences specific to the COVID-19 vaccine may include:**
 - Participating in frequent COVID-19 testing pursuant to the College's [COVID-19 Policy](#).
 - Wearing a mask or other personal protective equipment (PPE) pursuant to the College's COVID-19 Policy.
 - Mandatory isolation pursuant to the College's COVID-19 Policy if I test positive for COVID-19.
 - Mandatory quarantining pursuant to the College's COVID-19 Policy if I am exposed to COVID-19.

As it relates to this "Vaccine Requirements" section, I have had the opportunity to discuss my exemption request with a medical provider and/or the College, who (if applicable) has answered my questions regarding the recommended vaccine(s).

2. Exemption Request

I am requesting an exemption from the College's immunization requirements for the following vaccines:

- Hepatitis B vaccine
- Tetanus, diphtheria, acellular pertussis (Td or Tdap) vaccine
- Measles-Mumps-Rubella (MMR) vaccine
- Meningococcal conjugate or polysaccharide vaccine
- Varicella vaccine
- Polio vaccine
- World Health Organization-approved COVID-19 vaccine

Reason for exemption:

- Medical Reason
- Religious Grounds

3. Immunization Exemption Requirements

Medical Exemption:

Attach a signed statement from a health care provider (physician, physician’s assistant, nurse practitioner, or osteopath)

- a. documenting your specific contraindications to the vaccine(s),
- b. including how the vaccine may be detrimental to your health

As set forth in the [Immunization and Exemption Policy](#):

- The healthcare provider may not be related to the you. In addition, the health care provider’s specialty, and the accompanying documentation, must be appropriate to the medical diagnoses/conditions/reasons for which you are seeking an exemption.
- The College reserves the right in its sole discretion to request additional information or documentation from the health care provider before granting an exemption.

Religious Exemption:

Attach a written, first-hand statement describing the religious tenet or belief preventing vaccination. There are unique requirements under Pennsylvania law applicable only to the meningococcal vaccine. As a result, if the student is requesting an exemption from the meningococcal vaccine, the statement may describe the religious tenet or belief or the moral or ethical conviction similar to a religious tenet or belief, preventing vaccination. This statement must be signed by the you (or a parent or guardian, if you are under 18 years old).

As set forth in the [Immunization and Exemption Policy](#):

The College reserves the right in its sole discretion to request additional information or documentation related to the described religious tenet or belief, or moral or ethical conviction, before granting an exemption.

4. Assumption of Risk, Release, and Indemnification

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. I hereby expressly assume all of the risks related to not obtaining the required immunizations. I understand that I may change my mind and accept vaccination any time in the future.

By signing below, I agree that in exchange for, and in consideration of, my continued enrollment at Ursinus College, I release, hold harmless and indemnify Ursinus College and its officers, agents, employees, and other students from and against any and all liability, actions, causes of action, losses and claims whatsoever that 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: _____

IF STUDENT IS UNDER 18, THE PARENT OR GUARDIAN WITH LEGAL/CUSTODIAN RIGHTS TO SIGN ON BEHALF OF THE STUDENT, MUST SIGN IN ADDITION TO THE STUDENT'S SIGNATURE ABOVE:

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____