



Student Immunization Compliance Form

Use this form to request a medical, religious, or personal belief exemption from required immunizations.

SECTION 1 — STUDENT INFORMATION

Student Full Name:

Date of Birth (MM/DD/YYYY):

Social Security Number (SSN): — —

Enrollment Status: Freshman Transfer Readmit Visiting International

Email:

Phone Number:

Permanent Address/City/State/Zip Code:

SECTION 2 — TYPE OF EXEMPTION REQUESTED (select all that apply)

- Religious Exemption** — Complete Section 3.
- Personal/Philosophical Belief Exemption** — Complete Section 3.
- Medical Exemption** — Section 4 must be completed by a licensed healthcare provider. *See back of form*

SECTION 3 — RELIGIOUS OR PERSONAL BELIEF EXEMPTION

Belief Statement:

Acknowledgment: I understand that exemptions may result in exclusion from campus and from classes in the event of an outbreak of disease until the outbreak is over or I submit proof of immunization. If am not 18 years of age, my legal guardian must sign below.

Signature: _____ Date: _____

Parent/Guardian (only if under 18): _____ Date: _____

SECTION 4 — MEDICAL EXEMPTION (Healthcare Provider Only)

Vaccines (check all applicable):

- DTaP/Tdap Polio MMR Varicella Hepatitis B Hepatitis A
 Hib PCV Meningococcal HPV COVID-19 Other: _____

Medical Reason for Exemption:

Duration: Permanent Temporary — Expires on: ____ / ____ / ____

Provider Information:

Name: _____ Clinic/Facility: _____

Address: _____ Phone: _____

License Number & State: _____

SECTION 5 — OFFICE OF ADMISSIONS USE ONLY

Received Date: _____ Reviewed By: _____

Status: Approved Denied Incomplete