



## Medical or Religious Exemption from Immunization Form

Student Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age of Student \_\_\_\_\_

**Note: This form must be filled out annually.**

Students who are not immunized, or have no proof of immunization, live on campus and attend classes and activities at their own risk, and may be asked to leave campus in the event of an outbreak of disease for which they have no documented immunity. They would only be allowed to return to campus once the outbreak is over as determined by the County Health Department.

Grace College would not be liable for any resultant individual academic or financial consequences, nor would Grace College refund tuition or fees to those experiencing such public health exclusion.

Grace College will not be liable for medical, academic or financial consequences if a preventable disease is contracted while on campus, attending classes or participating in activities.

**Medical Exemption:** This section is for students who have been told by their physicians that they are not to receive certain immunizations due to an allergy or anaphylactic reaction to a vaccine or ingredient in a vaccine. The said **physician** must submit on either their **letterhead or a prescription pad** the immunization(s) for which the student is to be exempted and why. This documentation should be accompanied by an abstract of the student’s medical record. **The student will be required to show documentation of all other required immunizations.** Please provide the following contact information for future reference:

Name of the Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Office Address: \_\_\_\_\_

Signature of the Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**Religious Exemption:** This section is for students who object to some or all immunizations because immunizations are contrary to their religious beliefs. Students age 18 years and over must complete this section themselves in first person narrative. The reason listed must by definition be religious in nature for it to be valid. Please use the space provided to list the immunization(s) you object to and state the reason(s) for your objection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_