



Exemption to Immunization Requirements

A person who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. This person may be subject to exclusion from college, group facilities or other programs, if the local and/or state public health authority advises exclusion as a disease control measure.

I understand the risks associated with not receiving the vaccines checked below.

In order to obtain exemption from some or all vaccination requirements you must provide a written statement indicating the medical contraindication or religious objection to the vaccination(s).

Student's Name: _____ Date of Birth: _____

Cell Phone: # _____ CMSV ID #: _____

Exempt Immunization/Testing (check all that apply):

Measles _____ Mumps _____ Rubella _____ Meningitis _____ COVID-19 _____

Statement of Exemption to Immunization Law: Religious Exemption (Please attach a statement that describes your sincerely held religious belief which prevents you from receiving a vaccination)

Statement of Exemption to Immunization Law: Medical Exemption (Please attach statement with documentation from physician, physician assistant or nurse practitioner that details the medical contraindication or diagnosis which prevents you from receiving a vaccination. The documentation must include the medical provider's name, address, phone, license #, and signature)

Please note: Each case will be considered individually. Based on the student's statement and documentation, the Division of Student Affairs may follow up with additional questions and may review all medical records on file with the College in evaluating requests.

I understand that my vaccine exemption for either medical or religious reasons subjects me to exclusion from campus and/or campus related activities in the event of an outbreak of a disease for which immunization is required. I further understand that while the College will aim to academically accommodate any absences from campus due to communicable disease, the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made, including periods of quarantine that students choose to complete off-campus. I further understand that, by requesting an exemption to one of the vaccines included on this form, I agree to release the College of Mount Saint Vincent from any costs or liability associated with any illness, injury, or costs I may incur due to vaccine-preventable disease in association with any College program or activity.

Signed _____ Date _____

(Parent/Guardian if the student is a minor)