

Bellarmino University Office of Health Services
Immunization Exemption Request Form

Section I: Personal Information *(to be completed by student or parent / guardian if student is under 18)*

First Name: _____

Preferred Name: _____

Last Name: _____

Middle Initial: _____

Date of Birth: _____

Student ID#: _____

Section II: Medical Exemption Request *(to be completed by medical provider)*

Medical Provider Certification of Contraindication: I certify that my patient (named above) should be exempt from the following required immunizations (circle all that apply).

- Tetanus/Diphtheria/Pertussis (TDaP) booster within 10 years
- Measles/Mumps/Rubella (MMR), two doses required
- Meningococcal, *Residential Students Only* (MCV4 series of two, 2nd dose at or after age 16)

Documented anaphylactic allergic reaction or other severe adverse reaction. Describe the specific reaction:

Documented allergy to a component of the vaccine. Describe the specific reaction:

Another contraindication or other health concern. Please describe:

Name:

Signature of Healthcare Provider:

Phone Number:

Address/Clinic Stamp:

Section III: Religious Beliefs Exemption Request *(to be completed by student or parent/guardian if under 18)*

If the religious beliefs of a student (or parent/guardian if under age 18) are contrary to the immunization requirement, the student may be exempt upon submission of a written statement below. Please include specifics, if possible, that will aid the exemption review committee such as:

- Does this exemption apply to certain immunizations or all immunizations?
- Religious identity/denomination
- Link to a website that provides commentary related to this exemption

Student statement (attach additional pages if necessary):

Name: _____

Date: _____

Section IV: Assumption of Risk *(to be completed by student or parent/guardian if under 18)*

I have decided at this time to decline or defer the required and/or recommended vaccine(s). I know that refusal to follow Bellarmine University's immunization guidelines may endanger my own health or the health of others with whom I might come into contact. I hereby agree to indemnify, hold harmless, release, and forever discharge Bellarmine University, its trustees, officers, employees, students, agents, and vendors from any and all responsibility of risk due to my immunization status.

Name: _____

Date: _____