

IMMUNIZATION EXEMPTION FORM

Any student requesting an exemption from Manchester's immunization requirements and recommendations must read & sign this Immunization Exemption Form.

Risks of Non-Immunization: Immunization is a safe and effective way to protect you against vaccine-preventable diseases, hospitalization, or death that can spread among individuals in a group situation such as a university campus. Covid-19, Influenza, Measles, Mumps, Rubella, Diphtheria, Pertussis, Varicella (chicken pox), and/or Meningococcal meningitis are contagious diseases in which a student may be asked to leave campus or quarantine should a case of one of the above diseases occur on either the Manchester campuses or during University travel. The student can return to campus when the local health department, the university, or the local health authority deems it safe for the student and community. Non-immunized students may need to have their living arrangements changed should any of their living partners have a health condition that would put them in danger of developing a disease against which they are not protected.

By signing below, you acknowledge that you have read and understood the following and request exemption from the University's immunization requirements and recommendations:

1. I have read and understand the risks and benefits of immunizations, potential risks of non-immunization listed above, and have had the opportunity to discuss this with a medical provider or have declined to do so.
2. I understand the risks and benefits of immunizations, the potential risks of non-immunization, and the risk a pandemic and epidemic have to myself and the Manchester University community.
3. Manchester University will not be held liable should I contract the disease. I understand that Manchester University will not refund any tuition or fees to the student for any inability to attend or complete classes due to exclusion from campus under the exemption policy.
4. I refuse the following immunization/s _____

based on the following reason (*please check the appropriate reason*):

___ Medical Exemption. A physician or clinic offering immunizations must document valid medical exemptions. The exemption shall be for a medical contraindication in accordance with the recommendations of the Center for Disease Control Advisory Committee on Immunization practices. The student must provide medical documentation by completing the provider form that follows to be considered for exemption. The medical provider must state on the form the reason for the student's medical exemption and whether it is permanent or temporary.

___ Religious Exemption. Religious exemptions to vaccinations are also accepted and must be submitted using this form. A religious objection does not exempt a student from immunization unless the exemption is made in writing and signed by the student. The form will be placed in the student's permanent health record.

Note, at this time, Indiana does not permit exemptions for philosophical/personal reasons. Students will not be reimbursed or compensated for lost class time incurred as a result of this leave of absence. Students have the right to revoke the exemption at any time by providing required proof of immunization or immunity.

5. I verify that I have received information recommending immunizations. Due to the above stated reasons, I have elected to not receive the vaccine(s) indicated in item 4 above.

Student Signature: _____
(Parent/Guardian signature if student is under
18 years old)

Student I.D. Number _____

Student Printed Name

Date

Campus Health Service Representative

Date

Original: Center for Health Services
Copy: Student