



## Statement of Exemption to College & University Student Vaccination Act

Health Services

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Parent or Guardian (if under 18)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone (\_\_\_\_\_)** \_\_\_\_\_

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal Vaccine Information sheet for Meningococcal disease. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the required vaccine. However, I am requesting exemption for Senate Bill No. 955, the College and University Student Vaccination Act.

### Medical Exemption

The physical condition of the above named student is such that immunization would endanger life or health.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Physician Signature)

### Religious/Other Exemption

I, \_\_\_\_\_, for religious or other reasons, am requesting exemption from such immunization.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student Signature)