



## Student Health Services

### Vaccination Exemption Form and Waiver

Neumann University follows the American College Health Association (ACHA), the Pennsylvania State Mandatory Vaccination Code, and the CDC's recommendations for immunization compliance guidelines. For the safety of all students, immunizations are mandatory.

Students may be exempted from the immunization requirements if there is a medical contraindication or if the student's religious or philosophical beliefs prohibit immunizations. Per Pennsylvania State Mandatory Vaccination Code, students may request the following vaccination exemptions:

(a) **Medical exemption:** Students need not be immunized if a physician or licensed medical provider provides a written statement that immunization may be detrimental to the health of the student or is otherwise contraindicated for the student. To obtain a medical exemption, students must submit a signed statement indicating specific medical contraindication from a Medical Doctor (MD), Doctor of Osteopath (DO), Nurse Practitioner (NP), or a Physician Assistant (PA). The statement must indicate why each required vaccine is medically contraindicated. Please attach the medical documentation to this form.

(b) **Religious exemption or on the basis of a strong moral or ethical conviction similar to religious belief:** Students need not be immunized if they object in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief. To obtain a religious or other similar belief exemption, students must submit a signed statement from a clergy member or a statement, signed by the student or, if the student is under 18, the student's parent or guardian, describing the student's religious or similar beliefs and why those beliefs prohibit each required vaccination. Please attach the religious or other similar belief documentation to this form.

By signing this form, the student, and the parent/guardian (if applicable) acknowledge they have been informed that the student may be placing themselves and others at risk of serious illness should the student contract a disease that could have been prevented through vaccination. The student and parent/guardian (if applicable) further acknowledge that the student may be asked to leave campus in the event of a public health emergency until Neumann University can determine that the student can return to campus.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

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Date form received by Student Health Services: \_\_\_\_\_

Letter from MD, DO, NP or PO attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Letter from Clergy or personal similar belief statement attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_