

PRESBYTERIAN COLLEGE

College of Arts and Sciences Immunization Waiver – Religious Exemption

Presbyterian College (PC) requires that all students taking courses in the College of Arts and Sciences submit proof of certain immunizations as set forth on Section B of PC's Medical Records form. Students may request a waiver from these immunization requirements on the basis of a sincerely held religious belief. Students requesting such waiver must review and execute this form and provide it with other documents required for enrollment. If you have previously received any immunizations, please provide that information in the Medical Records form, as well as submitting this form. This form does not apply to students seeking enrollment in the School of Pharmacy.

BY SUBMITTING THIS FORM, I AFFIRM AS FOLLOWS:

- I understand that vaccine-preventable diseases continue to exist, and that the consequences of contracting such diseases could be serious and even life-threatening.
- I understand that healthcare professionals and organizations, including the Centers for Disease Control and Prevention, recommend that students receive the vaccinations listed below.
- On the basis of a sincerely held religious belief, I decline to receive the vaccinations checked below.
- I understand that by declining to receive these vaccinations, I may continue to be at risk of contracting these diseases and the serious health consequences that may result.
- I understand that in the event of an outbreak of one of these diseases, PC may determine to remove me from all campus activities and quarantine me away from campus at my own expense until health officials determine that the outbreak is controlled and I may return.
- I understand that by declining these vaccinations, I may be ineligible to participate in certain programs or activities due to particular vaccination requirements for such programs and activities, and that this ineligibility and related consequences may have an impact upon my future career choices and educational opportunities beyond PC.

I DECLINE TO RECEIVE THE FOLLOWING IMMUNIZATIONS (please check each vaccination declined):

DTP, DT, DTP/Hib, DTaP (Diphtheria, Tetanus, Pertussis/Haemophilus Influenzae type B)

Polio

Hepatitis B

MMR (Mumps, Measles, Rubella)

Varicella (Chicken Pox)

Meningococcal Vaccine (Type A)

PRINT Student Name

Student Signature

Date

This student is under 18 (or otherwise not a legal adult) and I am signing this as the student's parent or guardian.

PRINT Parent Name if Student is under 18

Parent Signature

Date