

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, however, 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, suffering serious injury or death from these diseases, and exposing others to these diseases and the serious health consequences that may result.
- I understand that if I exhibit symptoms of one of these diseases, test positive for one of these diseases, or have close contact with a person who is symptomatic or tests positive, or if an outbreak of one of these diseases occurs, PC may remove me from all campus activities and require that I quarantine away from campus at my own expense until PC determines that I may return.
- I understand that if I am required to quarantine or self-isolate, PC does not guarantee remote access to academic courses and/or any other offerings, and PC will not reduce or refund my tuition or costs of room and board.
- I understand that I may be excluded from or ineligible to participate in certain programs or activities that may be open only to vaccinated persons, and that this ineligibility and related consequences may have an impact upon my academic progress, as well as future career choices and educational opportunities beyond PC.
- I understand that if I decline the COVID-19 vaccination, in addition to the forgoing (a) I may be required to submit the results of COVID-19 testing and will be responsible for paying any costs of such tests and/or reimbursing PC for such costs; and (b) I will be required to comply with all PC rules and/or CDC guidance for unvaccinated persons, which may include the wearing of face masks and other PPE, and social distancing.

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)

___ COVID-19

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