



STATEMENT OF EXEMPTION TO COLLEGE AND UNIVERSITY STUDENT VACCINATION ACT

Student's Name _____ Date of Birth ____/____/____

PCT ID# _____ Telephone () _____

Address _____

Parent or Guardian (if under 18) _____

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal Vaccine Information Statement 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 vaccine required. However, I am requesting exemption from Pennsylvania Act 2002-83, Senate Bill No. 955, known as 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

Office Stamp:

Religious Exemption

If you are requesting an exemption from fulfilling the College required vaccine based upon religious reasons, you must provide a letter from your church, which states that it is the belief (or doctrine) of that church to recommend against medical vaccinations, and that you are an active member of the church in good standing. The designated religious leader of your church must write the letter on your place of worship's letterhead, which should include his/her address and telephone number.

****Please note that students filing a religious exemption will be required to leave campus if an outbreak of meningitis disease occurs on or near campus.**