



Request for Exemption to Immunization

Return this form to College Health Services,
DIF 42, One College Avenue, Williamsport, PA 17701
or FAX to 570.329.4947, or to collegehealth@pct.edu

Name _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Address _____

Phone _____ PCT ID# _____

Parent/Guardian (if under age of 18) _____

Medical Exemption *

Check only specific vaccine(s) that is or may be detrimental to the individual's health:

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal ACWY |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tdap | <input type="checkbox"/> Meningitis B |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza (clinical requirement) |

Reason for medical exemption(s) _____
(supporting documentation required)

This exemption will likely continue until _____ / _____ / _____
MM DD YYYY

In some cases, the law requires that the individual receive the vaccine(s) for which they are exempted when the vaccine(s) is no longer contraindicated.

Print Name of Health Care Provider Telephone

Signature of Health Care Provider MM DD YYYY

Religious Exemption **

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal ACWY |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tdap | <input type="checkbox"/> Meningitis B |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza (clinical requirement) |

A religious exemption may be granted if (i) the individual holds sincere religious beliefs that are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

Signature MM DD YYYY

Parent/Guardian Signature (if under age of 18) MM DD YYYY

Pennsylvania Code §23.84 Exemption from Immunization.

* Medical Exemption. Children need not be immunized if a physician or designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

** Religious Exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.