



LYCOMING COLLEGE

Student Health Services Statement of Exemption from Immunization

Name: _____ Date of Birth ____/____/____ Age: _____

Address: _____

Student Phone Number: _____ Parent/Guardian: _____

Medical Exemption*

Check only specific vaccine(s) that is or may be detrimental to the patient'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"/> Polio |

Reason for medical exemption(s) _____

This exemption will likely continue until ____/____/____

The requires that students receive the vaccine(s) for which they are exempt when the vaccine(s) is no longer contraindicated.

Print Name of Health Care Practitioner

Telephone

____/____/____

Signature of Health Care Practitioner

Date

I fully understand the risk of not being immunized while residing in a communal setting. I will not hold Lycoming College and/or Lycoming College Student Health Services responsible should I acquire a vaccine preventable illness while attending Lycoming College. I also understand that during an outbreak of a vaccine preventable disease, unvaccinated students may be asked to leave campus.

____/____/____

Student Signature or Guardian/Parent if under 18

Date

Religious Exemption or Other Reason**

- | | | |
|--------------------------------------|------------------------------------|---|
| <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"/> Polio |

Student, or guardian of the above-named student, adheres to a religious belief whose teachings are opposed to such immunizations OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

Other Comments/Explanation: _____

I fully understand the risk of not being immunized while residing in a communal setting. I will not hold Lycoming College and/or Lycoming College Student Health Services responsible should I acquire a vaccine preventable illness while attending Lycoming College. I also understand that during an outbreak of a vaccine preventable disease, unvaccinated students may be asked to leave campus.

____/____/____

Student Signature

Date

____/____/____

Parent/Guardian Signature (if under the age of 18)

Date

For College Use Only

Reviewed by: _____ Emily Dudkin, BSN, RN – Director of Health Services
_____ Daniel P. Miller, Ed.D. – Vice President for Student Life and Dean of Students

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.