If you are a religious student, please declare that you are exempt from routine immunizations.

This student is exempt from routine immunizations for health reasons.

Exemptions and Waivers — In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine, until proof of vaccination(s) is provided. If you begin taking courses "on campus", you will no longer be "exempt" and will be required to submit your immunization form.

If religious exemption is required, please sign here —

If you declare that you are enrolling in ONLY courses offered by distance learning, please sign here —

If you are living on campus, declining to be immunized against Meningococcal disease, and requesting a waiver for not obtaining the Meningitis vaccine, please sign here —

Meningococcal Vaccine Declination Form.

RECOMMENDED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Requirement</th>
<th>Required For;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>2 Doses</td>
<td>Students born in 1957 or later and all foreign born students, regardless of year born</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV-Gardasil)</td>
<td>3 Doses</td>
<td>Students born in 1957 or later</td>
</tr>
<tr>
<td>Meningitis A (A, C, Y, W)</td>
<td>1 Dose</td>
<td>Students born in 1957 or later</td>
</tr>
<tr>
<td>Meningitis B</td>
<td>2 or 3 Doses</td>
<td>Students born in 1957 or later</td>
</tr>
<tr>
<td>Other vaccines:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REQUEST FOR EXEMPTION

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION (check appropriate area)

☐ This student is exempt from above immunizations on the ground of permanent medical contraindication.

☐ This student is temporarily exempt from the above immunization until _______/_____/_____.

Exemptions and Waivers — In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine, until proof of vaccination(s) is provided. If you begin taking courses "on campus", you will no longer be "exempt" and will be required to submit your immunization form.

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REQUIRED SIGNATURE OF PHYSICIAN OR HEALTH FACILITY

NAME

ADDRESS

SIGNATURE — PHYSICIAN OR HEALTHCARE FACILITY, PLEASE PRINT & SIGN BEFORE SUBMITTING

Date

Student Health Center — Immunization FORM — Page 1 of 1