

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MONTH/DAY/YEAR)

## VACCINATION REQUIREMENTS

I have been advised by Bryn Athyn College Health Services that the following vaccinations are required:

- Tetanus, diphtheria, acellular pertussis (Td or Tdap) vaccine
- Measles-Mumps-Rubella (MMR) vaccine
- Meningococcal A vaccine
- Meningococcal B vaccine
- Varicella vaccine

## EXEMPTION REQUEST

I am requesting exemption from the following vaccination requirements:

- Tetanus, diphtheria, acellular pertussis (Td or Tdap) vaccine
- Measles-Mumps-Rubella (MMR) vaccine
- Meningococcal A vaccine
- Meningococcal B vaccine
- Varicella vaccine

## STATEMENT OF UNDERSTANDING

By checking this box, I am requesting an exemption from Bryn Athyn College's vaccination policy and I acknowledge that I have been given the opportunity to read and have been encouraged to read the pertinent vaccine information statements on [https://www.cdc.gov/vaccines/hcp/current-vis/?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/hcp/vis/current-vis.html](https://www.cdc.gov/vaccines/hcp/current-vis/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/vis/current-vis.html) and in refusing such vaccinations, and I understand the following:

- Not receiving some vaccinations may exclude me from residing in residence halls.
- I am requesting an exemption from Bryn Athyn College's vaccination policy.
- The purpose and the need for the vaccines.
- The benefits and risks of the recommended vaccines.
- The possible consequences of failing to receive recommended vaccines, including contracting the illness the vaccine is intended to prevent.
- That I agree that I must notify Bryn Athyn College Health Services immediately if I come into contact with a communicable disease and must follow the college's policies and procedures.
- That I may be excluded from all campus activities and may be asked to leave campus or vacate campus housing in the event of an identified case of an illness in the college community. I also understand that the College will not be responsible for any costs associated with missed classes, my campus absence, or exclusion from housing during the period of communicability and that no refund of such costs will be made.

**STATEMENT OF PROCESS**

**Medical Exemption Request Process**

- The student or guardian (if student is younger than 18) must fill out an Immunization Exemption Request Form.
- The student must attach medical documentation from the health care provider documenting the student specific contraindication to a vaccine and include how the vaccine may affect the health of the student to the College Health and Wellness Center for review.
- Bryn Athyn College reserves the right in its sole discretion to request additional information or documentation from the health care provider before granting an exemption.
- The student will be notified of the exemption status. Educational materials will be given to the student at that time.

**Religious Exemption Request Process**

- The student or guardian (if student is younger than 18) must fill out an Immunization Exemption Request Form.
- The student must submit a one page written statement describing what religion they belong to, their religious belief and if they have been vaccinated previously. Written statements of support provided by your religious leader are also recommended for consideration. The statement must be signed by student (or guardian if the student is less than 18 years old) Bryn Athyn college reserves the right to ask for additional statement or materials of support.
- The statement will be reviewed by the College Exemption Committee and the student will be notified of the exemption status. Educational materials will be given to the student at that time.

**ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION**

I understand that the failure to receive the required and recommended vaccinations may endanger the health or life of myself and others with whom I might come into contact. I understand that it is not possible to specify every individual risk or consequence. I hereby expressly assume all of the risks related to not obtaining the required immunizations including the risk of illness, hospitalization, permanent disability, and death. I understand that I may change my mind and accept vaccinations at any time in the future.

By signing below, I acknowledge that I have submitted all of the required documentation for consideration for vaccination exemption by Bryn Athyn College and for consideration of enrollment at Bryn Athyn College, and I hereby release, hold harmless, and agree to indemnify Bryn Athyn College and its officers, agents, employees, and other students from and against any and all liability, actions, causes of action, losses, and claims whatsoever that may arise out of or in connection with, my exemption from some or all of the College's immunization requirements.

I acknowledge that I have read this document in its entirety and fully understand the consequences of refusing vaccination.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MONTH/DAY/YEAR)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MONTH/DAY/YEAR)

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(IF STUDENT IS A MINOR/UNDER 18 YEARS OF AGE) (MONTH/DAY/YEAR)

Submit this form to the Student Health and Wellness Center in one of the following ways:

**Email:** HealthCenter@brynathyn.edu

**Mail:** Bryn Athyn College Health and Wellness Center, PO Box 915, 2945 College Drive, Bryn Athyn, PA 19009

**Fax:** 267-502-6024