

**Swarthmore College Student Health Services
Exemption to Immunization Requirements
Vaccine Waiver**

Types of Exemptions:

1. **Medical:** Students are exempt from immunization if a physician provides a written statement that immunization may be detrimental to the health of the student.
2. **Religious:** Students are exempt from immunization if the student objects in writing to the immunization based on contradiction to their religious beliefs.
3. **Philosophical/Strong Moral Ethical Conviction:** Students are exempt from immunization if the student objects in writing to the immunization based on personal beliefs.

Exempt immunization (circle all that apply)

Measles-Mumps-Rubella Varicella Polio Tetanus-Diphtheria-Pertussis Hepatitis B Meningitis Other____

Medical Exemption

The physical condition of the below named individual is such that immunization is medically contraindicated.

State reasons for requesting an exemption: _____

Healthcare provider signature _____ Date _____

Religious Exemption

The below named individual adheres to a religious belief whose teachings are contrary to such immunizations.

Signed _____ Date _____

Philosophical/Moral Ethical Conviction Exemption

The below named individual objects to immunization based on personal beliefs.

Signed _____ Date _____

Exemptions to Immunizations

In the event of a disease outbreak, the Pennsylvania Department of Health may recommend exclusion of the student or may make other recommendations based on the disease outbreak and the immunity history.

An outbreak of a vaccine preventable communicable disease in a communal setting may put an unvaccinated person, at higher risk for contracting that disease. This may result in requested non-vaccine status self-disclosure to close contacts that are particularly vulnerable to vaccine preventable disease such as those who suffer from asthma, cancer, colitis or other autoimmune disorders, and those on immunosuppressive therapy such as steroids or chemotherapy.

Student name printed: _____ Date of Birth: _____

Student signature: _____ Date: _____

(If under 18, Signature of parent/guardian is required): _____