



Immunization Waiver Request

Please upload the completed form and supporting materials to your Student Health Portal

Name _____ Royal ID# _____ Date of Birth: _____

I am requesting the following exemptions from the Vaccination Policy (Please check all that apply):

What immunization exemption are you requesting? Please check all that apply:

MMR (Measles, Mumps & Rubella) Two vaccines needed; the first one must have been received on or after the first birthday and dose #2 after age 4.

Tdap (Tetanus, Diphtheria, & Pertussis) or TD Booster, Received within the last 10 years.

Meningitis (Meningococcal A, C, Y, W-135): Mandatory for new first year students who are under the age of 23.

Menactra or Menveo must be received on or after your sixteenth birthday. Note: Menomune or Meningitis B are NOT accepted. Additionally, a Meningitis Information Waiver is required for residential students seeking an exemption.

Varicella (Chicken Pox): Two doses of vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 or older. Students may submit laboratory titers if unable to provide proof of vaccination.

What is the reason for the exemption:

Medical Exemption: Please provide medical documentation from a healthcare provider regarding the contraindication.

Religious Exemption: (includes strong moral or ethical conviction similar to a religious belief): Please provide a written statement detailing why your religious beliefs or similar moral or ethical conviction are opposed to such immunizations.

Required (Please Initial):

1. I acknowledge that in the event of an infectious disease outbreak on The University of Scranton campus I may be excluded from attending classes, entering University facilities, and may be asked to leave campus until such a time I am allowed to return.
2. I acknowledge that I will be solely responsible for any financial obligations incurred because of non-attendance.
3. I acknowledge that an exemption granted by The University of Scranton may not be accepted by other third parties with whom I may interact as a student, such as a healthcare or school clinical placements.

Student Signature _____ Date _____

If student is under the age of 18, please have Parent/Guardian print and sign below:

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____ Date _____

For Office Use Only Approved

Denied

Employee _____ Date _____