



Fairfield University Student Health Center
Exemption to Immunization Requirements

Note: This form is only required from students unable to receive mandatory immunizations due to religious or medical reasons.

Student Name (Last, First, MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Date Entering Fairfield University \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Exempt Immunization/Testing (check all that apply):

Measles [ ] Rubella [ ] Mumps [ ] Varicella [ ] Tuberculosis [ ] Meningitis [ ]

Statement of Exemption to Immunization Law: Medical Exemption

The physical condition of the above named individual is such that immunization would endanger life or health. State reasons for requesting a medical exemption: \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Statement of Exemption to Immunization Law: Religious Exemption

(Includes a strong moral or ethical conviction similar to a religious belief)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that exemption for either medical or religious reasons subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required if student is under 18 years of age)

The original of this form is to be placed in the student's Fairfield University Student Health Center medical chart; copy to file.