



Immunization Waiver Request

Please upload the completed form to your [Student Health Portal](#)

Name _____ Royal ID #: _____ Date of Birth: _____

I am requesting the following exemptions from the Vaccination Policy for the _____ Academic Year (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, Diptheria, & Pertussis) or TD Booster, Received within the last 10 years.

Meningitis (Menactra or Menveo) Mandatory for new first year students who are under the age of 23. Must be received on or after your sixteenth birthday. Note: Menomune or Meningitis B are NOT accepted.

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.

SARS-CoV-2 (COVID-19): One of three vaccines (Pfizer, Moderna, or Johnson & Johnson) currently approved or authorized by the FDA.

What is the reason for this request?

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 below detailing why your religious beliefs or similar strong moral or ethical conviction are opposed to such immunizations.

Comments/Explanations (you may attached additional documents if you need more space):

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 as a result of non-attendance.
- 3. In the event that my waiver is for a religious or similar strong moral or ethical conviction, I acknowledge that I have considered evidence-based materials regarding immunizations against infection, particularly COVID-19, that show that the risk of adverse reactions to immunization are low, and that failure to vaccinate increases the risk to both myself and others to contract or carry a vaccine-preventable illness. Further, I understand and accept I may come in contact with persons with special health needs who are unable to be vaccinated and thus at heightened risk of contracting a vaccine-preventable illness, some of which are life-threatening.
- 4. 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 healthcare or school clinical placements, as one example.

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 _____