



### Health Services

9801 Frankford Ave., Philadelphia, PA 19114

Phone: (267)341-3262 | Fax: (267)341-3691

Name (PRINT): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**MANDATORY VACCINES WAIVER**

If the mandatory vaccines are contraindicated due to religious or medical reasons (ex. severe allergic reaction to previous dose), the student wishing to exempt him/herself from the mandatory vaccines must complete this form. Requests for medical exemption must be signed by a health care provider (MD, PA, DO or NP), and indicate why the vaccine is contraindicated. Request for religious exemption must be signed from a member of the clergy, and indicate why this vaccine is contraindicated. The student must attach and submit this "Vaccine Waiver" with your Health Packet. This form is separate from the Meningitis Waiver, and must be completed in addition to the Meningitis Waiver.

A student who has been exempt from a vaccination is considered susceptible to the disease(s) for which the vaccination offers protection. If you have any further questions regarding the diseases which the vaccines provide protection from, please contact the Health Department, CDC or your healthcare provider. For the safety of our campus community, the student will be subject to removal from the University, if the University and/or state public authority advises removal due to a communicable disease outbreak.

**I am exempt for the Holy Family University mandatory vaccine requirement for the following reason(s). Please check one and explain the reasoning:**

**Medical Contraindication:** \_\_\_\_\_

<b>Provider's Name (Print):</b> _____	<b>License Number:</b> _____
<b>Provider's Signature:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____

**Religious Contraindication:** \_\_\_\_\_

<b>Member's Name (Print):</b> _____	<b>Title:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____	<b>Phone:</b> _____

I, \_\_\_\_\_ (student's name), understand and acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I understand and acknowledge that refusing the vaccine(s) exposes me to many inherent risks, including infections, injuries, illness, or even death. I assume all risks associated with declining to receive the mandatory vaccine(s). The university, staff, faculty, officers, students and all other employees at Holy Family University are not held reliable in the event of my illness or injury (including death) resulting from my failure to obtain the mandatory vaccine(s). I understand and agree that in the event of an outbreak of a disease to which I am likely not immune, Holy Family University, the Philadelphia Department of Public Health and/or another regulatory agency may temporarily exclude me from classes, residence halls or the entire Holy Family University campus. I further understand and agree that Holy Family may take these actions not only to protect my health, but to reduce the risk of infection to others and to minimize further spread of the disease. I will be responsible for any expenses I incur for such exclusions. I also understand that the make-up of any missed class work is at the discretion of the faculty members. I acknowledge that I have been informed and read the above information about the risks of disease and the benefits of immunization. I assume all risks associated with declining any or all vaccines. By signing this waiver, I hereby attest that I am declining immunization at this time for the above identified reason.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Students under the age of 18 must secure the signature of their parent of guardian if they did not receive a vaccination or decline to receive the mandatory vaccine(s).*