

**ROBERT MORRIS UNIVERSITY
STUDENT HEALTH SERVICES
EXEMPTION TO IMMUNIZATION**

Name _____ Birthdate _____

Address _____ Telephone _____

Parent/Guardian _____

STATEMENT OF EXEMPTION TO IMMUNIZATION REQUIREMENTS

MEDICAL EXEMPTION

The physical condition for the above named student is such that immunization would endanger life or health.

Signed _____ Date _____

(Physician)

RELIGIOUS/MORAL/ETHICAL EXEMPTION

Parent/Guardian or Student (if 18 years of age or older) adheres to a religious belief whose teachings are opposed to the following immunizations (check all that apply):

___ Varicella Vaccine (2 doses required if no history of chicken pox disease)

___ Measles, Mumps and Rubella Vaccine (2 doses required)

___ Tetanus Toxoid/Diphtheria or Tetanus, Diphtheria and Pertussis Vaccine (in the last 10 years)

___ Hepatitis B Vaccine (3 doses)

___ Meningitis Vaccine (at least one dose given after age 16)

State your reason for requesting this exemption _____

Signed _____ Date _____

(Parent/Guardian or Student if 18 years old)

5-21-14