

Saint Joseph's University (SJU) Student Health Center
Request for Exemption from SJU Immunization Requirement(s) (Request Form)

Purpose: To provide a systematic process for evaluating SJU student requests for exemptions from one or more SJU required immunizations; to provide a mechanism for SJU to identify students who are vulnerable to vaccine-preventable illness in the event of an outbreak; and to inform students seeking an exemption of the potential actions by SJU in the event of a vaccine-preventable disease outbreak. This Request Form does **not** apply to requests for exemption from the Meningococcal Meningitis Vaccine. Students seeking an exemption from the Meningococcal Meningitis Vaccine should sign the Meningitis Waiver (Immunization Record-Health Evaluation Form).

Procedure: A student who requests that SJU grant an exemption for one or more required vaccinations must complete this Request Form, have it notarized and return it to the **Student Health Center at Saint Joseph's University, Student Health Center, Sourin Hall, 5600 City Avenue, Philadelphia, Pa 19131** along with the additional documents described below (depending on the basis for the exemption request) at least thirty (30) days prior to the start of classes.

- **Religious Exemptions:** A written and signed (no e-mail) statement from the student (or the student's parent/legal guardian if the student is a minor) stating the sincere religious belief that prohibits immunization. SJU reserves the right to seek additional supporting documentation in appropriate circumstances.
 - **Medical Exemption:** A written certificate or note signed by a licensed physician, physician assistant or nurse practitioner that one or more of the required immunizations is medically contraindicated or otherwise detrimental to the student's health. The specific vaccine, medically valid rationale (e.g., severe adverse reaction to prior dose) and the duration of the exemption must be specified in the certificate/note for the exemption to be granted.
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I wish to be exempt from an SJU immunization requirement for the following reason (please circle):

Religious (letter attached)

Medical (medical documentation attached)

I agree to hold SJU, its officers, trustees, employees, students and agents harmless in the event of my illness or injury (including death) resulting from my failure to obtain a vaccination required by SJU. I understand and agree that in the event of an outbreak of a disease to which I am likely not immune, SJU, the Philadelphia Department of Public Health and/or another regulatory agency may temporarily exclude me from classes, residence halls or the entire SJU campus. I further understand and agree that SJU 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 involved faculty.

Name _____ DOB _____ Signature _____

Signature of Parent or legal guardian (if sign if student is a minor): _____

Parent/Legal Guardian's Name: _____

I hereby affirm that this Request Form was signed in my presence on this _____ day of _____ 20_____

Notary Public

Notary Public Seal