



Student Health Services

REQUEST FOR EXEMPTION FROM IMMUNIZATION REQUIREMENT: MEDICAL

Student Statement:

I understand Samford University, in accordance with the recommendations of the American College Health Association, requires each student to submit documentation of certain immunizations. I request an exemption from this requirement on the grounds that such immunization(s) would pose a medical risk for me.

I have been informed of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I understand that, in the event of an outbreak of a vaccine-preventable disease for which I have not been immunized, I may be subject to exclusion from campus at the discretion of the Director of Student Health Services or Vice President of Student Affairs. I agree to assume the risks resulting from declining these vaccines, and I agree to indemnify and hold harmless Samford University from any liability resulting from my declining these vaccines.

Student Signature

Date

Student Name (print)

SU Identification Number

Signature of Parent or Guardian (if under 19)

Date

Provider Statement:

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

____ This is a temporary exemption (e.g. pregnancy). Expiration date _____

____ This is a permanent exemption (e.g. chronic illness)

____ This is a personal choice. I have discussed with the student the consequences of this choice.

Provider (MD, DO, PA, NP) signature

Date

Provider Name (print)

Return completed form to: Samford University Student Health Services
800 Lakeshore Drive
Birmingham, AL 35229-2452