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 indemnity 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