



**Medical Exemption Request and Religious Exemption Request
for
Immunization Requirements for College Attendance**

Student Name: _____ Date of Birth: _____ Date: _____

****For Medical Exemptions send this form and the supporting document to healthservices@lemoyne.edu**

**** For Religious Exemptions send this form and the 2 other supporting documents to studentdevelopment@lemoyne.edu**

Please indicate the vaccine(s) for which you are seeking exemption:			
Measles: _____	Rubella: _____	Tdap: _____	Varicella: _____
Mumps: _____	Meningococcal Meningitis: _____	Hepatitis B: _____	
Influenza: _____	COVID-19: _____		

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer’s package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website:
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Check the exemption you are requesting:

_____ This exemption request is for **Medical Reasons**. For any Medical Exemption ***documentation from your primary care physician MUST be attached to this request.*****

_____ This exemption request is for **Religious Reasons**. By checking this box, the signatory below certifies that receiving the chosen vaccine would conflict with the student’s sincere religious beliefs. **You MUST attach (1.) a statement from your religious leader AND (2.) a personal statement that clearly and specifically describes the sincere religious beliefs that you hold that are the basis for your exemption request.****



To qualify for an exemption, you must initial all of the following boxes:

____ I understand the benefits of and the risks of the vaccines named above.

____ I understand the risk of contracting illness from not being vaccinated.

____ I understand the risk of transmitting illness to others.

____ I understand that in the event of an outbreak of a disease I am not protected against, New York State Public Health Law may require that I be excluded from all classes and campus activities until the risk of contracting the disease is over.

____ I understand that if I have not received and/or do not maintain current COVID-19 vaccination, I may be required to adhere to additional health and safety measures and/or my participation in College events and activities may be limited.

After January 3, 2022 you may call 315-445-4440 with questions regarding the medical exemption form or other health related matters. For religious exemption questions, please contact Student Development at 315-445-4525.

You will be notified in writing of the outcome of this request within approximately 5 business days after receipt of the request. ***The decision on this request is final, and there is no appeal within the college.*** If your request for an exemption is denied, you may (for certain vaccines) have the right to appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

Students may be asked annually to submit their immunization status in writing.

Signature of student (over age 18): _____ Date: _____

Signature of parent or guardian (under age 18): _____