

## Student Vaccine Exemption

Name of Student (please print)		Date of Birth	ID#
		ſ	Indicate semester on Rindge campus:
City	State	Zip	<ul> <li>Fall</li> <li>Spring</li> <li>Indicate Grad campus you are attending:</li> <li>Lebanon</li> <li>Manchester</li> <li>Goodyear</li> <li>Rindge</li> </ul>
I,	am a	student attending	
Franklin Pierce University and request exer	mption from the req	uirement to receive th	e following vaccinations:
[] <u>M.M.R</u> . [] <u>Tdap</u> [] <u>Varicella</u> [	] <u>Meningitis</u> [] <u>(</u>	COVID Immunizations (fire	<u>st two)</u> [] <u>Other</u> :
• <u>Medical Exemption</u> : The physical of endanger life or health or is medic		•	
Signature			Date
Signature Physician/APRN/PA			
<ul> <li>Phone Number/Address:</li></ul>	lardian of the aforer	-	ne person himself/herself is an
Signature			Date
Parent/Guardian/Emanc	ipated Student or Student 1	8 and older	
Phone Number/Address:			
• <u>Personal Exemption</u> : Parent or gua adherent to a personal belief oppo	ardian of the aforem	nentioned person or th	
Signature			Date
Parent/Guardian/Emano	cipated Student or Student 1	8 and older	
Phone Number/Address:			
► I understand and agree that in the event of campus or receive an immunization for the con as well as the recommendations of the board of the boar	nmunicable disease a	nd will follow Franklin Pie	erce University's policies and protocols
► I further understand and agree that when ou disease are present on campus or in Franklin P off campus.		-	-
tudent Name (please print)			Date of Birth (month/day/year)
Student Signature			Date

Date