

## Student Vaccine Exemption

\_\_\_\_\_  
Name of Student (please print) Date of Birth ID#

\_\_\_\_\_  
City State Zip

Indicate UG semester attending on Rindge campus:  
☐ Fall ☐ Spring

Indicate Grad campus you are attending:  
☐ Lebanon ☐ Manchester ☐ Goodyear ☐ Rindge

I, \_\_\_\_\_ am a student attending  
Franklin Pierce University and request exemption from the requirement to receive the following vaccinations:

☐ M.M.R. ☐ Tdap ☐ Varicella ☐ Meningitis ☐ COVID Immunizations (first two) ☐ Other: \_\_\_\_\_

- **Medical Exemption:** The physical condition of the aforementioned person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Physician/APRN/PA

Phone Number/Address: \_\_\_\_\_

\* Note: All medical exemptions **must be verified with a letter from the student's medical provider.**

- **Religious Exemption:** Parent or guardian of the aforementioned person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Emancipated Student or Student 18 and older

Phone Number/Address: \_\_\_\_\_

- **Personal Exemption:** Parent or guardian of the aforementioned person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Emancipated Student or Student 18 and older

Phone Number/Address: \_\_\_\_\_

► I understand and agree that in the event of an outbreak of a communicable disease, I will (at my own expense) either leave campus or receive an immunization for the communicable disease and will follow Franklin Pierce University's policies and protocols as well as the recommendations of the board of public health related to communicable disease.

► I further understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on campus or in Franklin Pierce University's geographical area, I may be subject to isolation or quarantine on or off campus.

\_\_\_\_\_  
Student Name (please print) Date of Birth (month/day/year)

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (If student is younger than 18) Date