

(SAMPLE)

**STATEMENT OF EXEMPTION TO COLLEGE AND  
UNIVERSITY STUDENT VACCINATION ACT**

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent or Guardian (if under 18)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone (        )** \_\_\_\_\_

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal Vaccine Information Statement for Meningococcal disease. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the vaccine required. However, I am requesting exemption for Senate Bill No. 955, the College and University Student Vaccination Act.

**MEDICAL EXEMPTION**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Physician)

**RELIGIOUS/OTHER EXEMPTION**

(Includes a strong moral or ethical conviction similar to a religious belief.)

I, \_\_\_\_\_, adhere to a religious belief whose teachings  
(Printed name)  
are opposed to such immunizations. State your reason for requesting a religious exemption.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if student is a minor)