

# Wabash College Student Health Center

## REQUEST FOR EXEMPTION FROM VACCINATION REQUIREMENT

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits SSN: \_\_\_\_\_

Students requesting an exemption from Wabash's immunization requirements are required to read and sign this Request for Exemption. Wabash recognizes only medical and bona fide religious exemptions and wants students to understand the risks associated with a decision to seek an exemption. Exemptions are approved by the Wabash College physicians.

*Risks of Non-Immunization:* Immunization is a safe and effective way to protect you against vaccine-preventable diseases that can hurt, cripple and even kill. The following contagious diseases can spread rapidly among non-immunized individuals in a group situation, such as a college campus.

1. **Measles** is a serious viral disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death. The severe complications develop in one out of every 1,000 cases; on in ten of such complicated cases will result in death.
2. **Rubella** ("German Measles") is an infectious viral disease characterized by mild fever and rash. The major risk is to non-immune women who catch the disease early in pregnancy.
3. **Varicella** ("Chickenpox") is an infectious viral disease characterized by high fever and rash. Complications can include pneumonia and brain infections. Nearly 1 in 50 cases can result in severe complications, especially in adults.

\*\*Note that immunization is not required if you can furnish an office note indicating physician-diagnosed disease or can present evidence of immunity in the form of immunity by serum antibody titer.

By signing below, you acknowledge that you have read and understand the above risks of non-immunization and have had the opportunity to discuss this with a medical provider, or have declined to do so, and request exemption from Wabash's immunization requirements for the following reason(s);

\_\_\_\_\_ Medical contraindication \_\_\_\_\_ Bone fide religious reason

If you claim an exemption for medical reasons, a physician's letter documenting the reason for exemption is required. If you claim an exemption for religious reasons, a bone fide religious leader's letter explaining the basis for your belief is required. Please submit this form and your supporting documentation to our office at the address below.

### Liability Release

In consideration for exemption, I hereby waive any and all claims against Wabash College and its faculty, staff, employees and/or agents which may arise as a result of my failure to be immunized, and agree to indemnify and hold harmless Wabash College from any claims or causes of action brought against it or its faculty, staff, employees or agents as a result of my failure to be immunized. I further understand that in the event that a case or cases of measles, rubella or varicella is/are discovered on campus, I may be temporarily excluded from classes, residence halls or the Wabash campus at the discretion of the Wabash Medical Staff and Administration.

\_\_\_\_\_  
Student's Signature (parent if under 18)

\_\_\_\_\_  
Date

**Student Health Center**  
Wabash College  
P.O. Box 352  
Crawfordsville, IN 47933