



Wellness Center

P.O. Box 1773
Carlisle, PA 17013

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717-245-1938 (f)
health@dickinson.edu

CERTIFICATE OF EXEMPTION FROM IMMUNIZATION

I hereby request exemption from immunizations required for registration at Dickinson College because my religious and/or philosophical practices, tenets and/or convictions conflict with the practice of immunization.

I have been informed of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I further certify that I am and have been in good health, and that I have no physical or mental impairment, which would interfere in any way with my studies, activities, or my adjustment to college life. To my knowledge, I am free from any communicable or contagious disease, which may affect the welfare of the university community.

I agree to submit to a physical examination should I manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious disease; and if I am found to have any such disease, I will comply with the regular quarantine or isolation procedures of the institution and of the community.

I understand that, in the event of an outbreak of a vaccine-preventable disease for which I have not been immunized, I may be excluded from Dickinson College. I understand that the College may not be responsible for any classes missed and that any fees paid are not refundable.

Signed: _____
Name

ID#

Address

Address

Phone #

Sworn and subscribed before me

SEAL this _____ day of _____, 20_____

Notary Public

IMMUNIZATION WAIVER AND RELEASE FORM

I, _____, certify that I have read the information at www.cdc.gov/vaccines regarding _____, which explains the associated risks, and the availability and effectiveness of vaccination. Notwithstanding the information provided, for religious or other reasons, I choose not to be vaccinated against the above disease(s).

I acknowledge that I am making my decision not to be vaccinated with the full realization that there may be serious health consequences, including death, if I contract the disease.

I hereby assume all the risks associated with my decision not to be vaccinated, and agree to release and hold harmless Dickinson College, its trustees, officers, agents, and employees, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my decision.

I agree further to hold harmless and indemnify the College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys' fees and costs) by any person, including the College which may arise by or in connection with my decision not to be vaccinated.

I hereby certify that I voluntarily sign this waiver and release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

- I refuse the vaccine.**

- I refuse the vaccine at this point in time, but may wish to have it at a later date.**

Please print name

_____/_____/_____
Date of Birth

Student's signature

Date