

DePauw Health Wellness Center
800 South Locust St.
Greencastle, IN 46135
Phone: (765) 658-4555
Fax: (765) 658-4558

Request for Exemption from Vaccination Requirement

Student Name _____ Social Security # _____ Student ID _____

Students requesting an exemption from DePauw's immunization requirements are required to read and sign this Request for Exemption. DePauw recognizes only medical and religious exemptions and wants students to understand the risks associated with a decision to seek an exemption. Exemptions are approved by the Medical Director of Student Health Services.

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 among non-immunized individuals in a group situation such as a university campus: Measles, Mumps, Rubella, Diptheria, Pertussis, Varicella (chicken pox), Meningococcal meningitis.

Outbreak of disease: Students may be required to leave campus should a case of one of the above vaccine- preventable diseases occur on the DePauw campus. The student may return to classes and/or living arrangements when the county public health officer and/or DePauw Health Medical Director deems it to be safe for the student and campus community.

Housing: Non-immunized students may need to have their living arrangements changed should any of their living partners have a health condition that would put them in danger should the non-immunized person develop the disease against which they are not protected.

Information concerning required immunizations is available through the Centers for Disease Control at www.cdc.gov or through DePauw Student Health Services. 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 DePauw's immunization requirements for the following reason(s):

pregnancy medical contraindication religious reasons

If you claim an exemption for medical/pregnancy reasons, a physician's letter documenting the reason for exemption is required. Please submit this form and your documenting letter to our office.

Liability Release

In consideration for exemption, I hereby waive any and all claims against DePauw University ("DePauw") and its faculty, staff, employees and/or agents (Hendricks Regional Health) which may arise as a result of my failure to be immunized, and agree to indemnify and hold harmless DePauw and Hendricks Regional Health 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 the above listed diseases is discovered on campus, I may be temporarily excluded from classes, residence halls or the DePauw campus at the discretion of DePauw and Hendricks Regional Health.

Student Signature** _____ Date _____

****Parent must sign if student is less than 18 years of age. Student must sign form after turning 18 if parent signed previously.**