Jefferson University Hospitals

University Health Services

T 215.955.6835 F 215.923.5778

jeffuhs@jeffersonhospital.org

STATEMENT OF EXEMPTION TO COLLEGE AND UNIVERSITY STUDENT VACCINATION ACT

Student's name _____ Date of Birth _____

Parent or Guardian name (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 from 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 signature required)

Religious or Other Exemption

I, _____, adhere to a religious belief **or** have another belief
(printed name)
that is opposed to such immunizations. State your reason for requesting a religious or other exemption.

_____

_____

_____

Signed _____ Date _____
(Student signature or Parent/Guardian signature)

Please return this form to:

Attention: Student Coordinator
University Health Services
Thomas Jefferson University Hospital
833 Chestnut Street, Suite 205
Philadelphia, PA 19107