

Dear Student:

If you are requesting an exemption from fulfilling the required vaccination(s) for religious or medical reasons, you must read and sign this form.

Please check the basis for your exemption (Check only one)

- I certify that it is a tenet or practice of my church not to receive medical vaccinations. **(Letter from clergy on church letterhead is required.)**
- I certify that I am not a member of a church or religious sect, but hold that the required vaccinations violate my personally held religious beliefs or practices. **(Letter from student or, if student is under 18, from parent/guardian is required.)**
- I have a medical condition that prevents me from being vaccinated. **(Letter from physician or physician's designee is required.)**

Therefore, I request that I be enrolled at Stetson University without receiving the immunizations required by Stetson University. I understand the risks associated with failing to be immunized and request exemption from these requirements. I also understand that I may be excluded from attending classes or other activities and/or from living in on-campus housing at SU for the duration of a vaccine preventable disease outbreak which can last up to 21 days after the last case is detected at Stetson University.

I agree that I shall be completely responsible for any costs associated with my exclusion from classes, university activities, or on-campus housing. This includes, but is not limited to, moving and/or travel expenses and inability to receive a refund of tuition and fees due to medical withdrawal or course drop. **I am aware that failure to receive medically recommended or required vaccinations may increase my risk of acquiring a preventable infectious disease and I am willing to accept such medical risk.**

Student's Name

Stetson ID #

Student's signature

Date

Signature of Witness

Date

Signature of Parent/Guardian (if student is under 18) Date

Send completed **form and letter** to:

Mail: Stetson University, Student Health Services, 421 N. Woodland Blvd., Unit 8415, DeLand, FL 32723

Fax: (386) 822-8152

Scan: healthservices@stetson.edu