



Colby Sawyer  
College

**REQUEST FOR EXEMPTION FROM VACCINATION REQUIREMENT**

Initiated by: L.MacGregor	Reviewed by: P.Spear	Reference:
Date/Change : May 2011 / rewrite & include Med Ex		Date/Change:
Date/Change: Oct 2011 combine forms		Date/Change:

**REQUEST FOR EXEMPTION FROM COLBY-SAWYER COLLEGE VACCINATION REQUIREMENT**

**Purpose:** To provide documentation for a student exemption of the required immunization; to identify students who are vulnerable to vaccine-preventable illness in the event of an outbreak; to inform these students of the potential effect on their presence on campus in the event of an outbreak.

**Procedure:** Students who wish to exempt themselves from receiving the required vaccinations must complete this documentation, have it notarized and provide it to the Baird Health & Counseling Center. For entering students, this waiver is required prior to start of classes.

I, \_\_\_\_\_ wish to exempt myself from the requirement to receive the following vaccination(s) (list all):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do not wish to receive these vaccinations for the following reasons (check one or more):

Religious     Medical \_\_\_\_\_     Other \_\_\_\_\_

I agree to hold Colby-Sawyer harmless in the event of any illness or injury resulting from my noncompliance with this requirement. I understand that in the case of a vaccine-preventable disease outbreak to which I am likely not immune, at the discretion of the medical staff and under the guidance of the New Hampshire Department of Health and Human Services, I may be temporarily excluded from classes, residence halls or the entire Colby-Sawyer College campus. This action would be taken not only to protect my health, but to reduce the risk to the community of further spread of the illness through me. I will be responsible for any expenses I may incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
Print Parent or legal guardian if student is a minor

I hereby affirm that this affidavit was signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public Seal

\_\_\_\_\_  
 Notary Public/Justice of the Peace Signature