

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Immunization Religious Exemption Request

INSTRUCTIONS

- The student, or the parent/guardian of a student under 18 years old, must complete and sign the applicable sections of this Religious Exemption Request Form indicating the vaccine(s) for which the student is requesting exemption.
- The student must upload the completed exemption form to the USM Admissions immunization upload link.
- The completed Religious Exemption Request Form will be reviewed by the USM Immunization Nurse, and a copy will be maintained in the student's admission record.

Date of Request: _____

Student's Full Name: _____ **Date of Birth:** _____

Address: _____ **Phone Number:** _____

Name of Parent/Guardian: _____ **Phone Number:** _____
(If student is under 18 years old)

Select the required vaccine (s) for which you are requesting religious exemption:

_____ **Measles, Mumps, and Rubella (MMR)**

_____ **Hepatitis B**

The student must complete the following:

- I, _____, understand that by completing this form, I am assenting to the request of the religious exemption from the above vaccine(s) for myself.
- I understand that by not receiving the vaccination(s) specified above I may be endangering my life or health, and the life or health of other students. I attest that the religious reasons for not receiving the vaccine(s) outweigh the risk of death or disability to myself or other students from the vaccine preventable disease(s).
- I understand that if any vaccine-preventable diseases for which I have not been adequately immunized are occurring in or threatening to occur in the community, I will, for the safety and benefit to myself and other students, be excluded from participating in my courses and other campus events in-person until the infectious disease is no longer present or is no longer a threat to the safety and welfare of myself or other students. I understand that if I am excluded from participating in my coursework in-person, there is no guarantee that a remote option will be made available.
- I understand that this exemption is only applicable to the above referenced vaccine(s) and for use at The University of Southern Mississippi only.
- I understand that some degree programs require students to participate in learning opportunities outside of the University. I understand that this exemption may not be applicable to vaccine requirements of other institutions, which may adversely affect my ability to participate in external programs. I understand that my inability to participate in a practicum experience or internship due to external vaccination requirements may hinder my ability to complete a program, my progression towards an on-time graduation, or limit the programs I am able to participate in. I acknowledge this risk and hold the University harmless for any such effects.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If student is under 18 years old)