

RIDER UNIVERSITY STUDENT REQUEST FOR EXEMPTION FROM VACCINATION

Student Name _____ Date of Birth _____ Bronc ID _____
(please print clearly)

MEDICAL EXEMPTION – Please explain the reason and time period for your exemption.

- A signed statement from a medical doctor explaining the medical contraindication and the time period for the exemption **must** be attached.
- Medical exemptions will be reviewed annually and students who no longer have a valid or documented medical reason for the exemption will be required to receive and document the missing immunizations.

RELIGIOUS EXEMPTION – (Required from the Student) Please explain how receipt of the vaccination and immunization conflicts with your sincerely held religious beliefs.
(Please attach separate page if additional space is needed.)

Note: Objections based on grounds which are not religious in nature and which are of a philosophical, moral, secular, or more general nature, are not a basis for an exemption.

Applicable to All Approved Exemptions: I understand the risks of non-immunization and have had an opportunity to discuss this with a medical provider. If I am approved for an exemption, I release Rider University and its trustees and employees from all responsibility for any resulting injury or illness. In the event of a contagion outbreak or if I contract a vaccine-preventable disease, I understand that I may be excluded from campus, required to quarantine, or be subject to other precautionary measures.

I certify that the information I have provided is accurate and complete.

Student Signature (required) : _____ Dated: _____

Parent or Legal Guardian Signature if Student is Under Age 18

Signature: _____ Dated: _____

Printed Name: _____