



EXEMPTION AFFIDAVIT REGARDING IMMUNIZATION

(Optional form – to be completed by a student if s/he is claiming an exemption)

I _____, hereby request exemption from the University of Saint Katherine immunization
(Student Name)
requirement for vaccine preventable disease of **Hepatitis B and MMR** because:

1. _____ I was born before January 1, 1957. (Persons born before January 1, 1957 are considered immune from Measles, Mumps and Rubella).
2. _____ I am pregnant (temporary exemption). A signed statement from a physician stating that the student is pregnant or is suspected of being pregnant. (Physician's statement –use space below)
_____ Medically contraindicated. (Physician's statement – use space below.)
4. _____ Religious exemption. A written, signed, and dated statement from the church, student or the student's guardian, if the student is a minor, documenting their objection based on the religious tenets or practice of a recognized church or religious organization, of which the student is an adherent or member. (attach written, signed, and dated statement)
5. _____ Philosophical exemption. A statement of personal beliefs which prohibit immunization. (Use space below)

I understand that by claiming exemption for the above reason(s), and in the event of an outbreak of any vaccine preventable diseases*, I may be excluded from the University campus for all purposes for my own protection and that of the University of Saint Katherine community until the outbreak is cleared by the San Diego County Department of Health Services or be immunized (must submit proof of immunization). I further understand that I assume any and all liability that may arise from my decision not to be immunized. If I am not 18 years of age; my parent or legal guardian must sign below.

Student Name Date

Parent or Guardian, if required Date

Physician signature required if claiming item # 2 or 3 above

Physician Name: _____ Physician Signature: _____

*See: <http://www.cdph.ca.gov/programs/immunize/Documents/IMM-1014.pdf>