



Student Request for Exemption from Immunization Policy *[Dated February 2025]*

Purpose: To provide documentation for a student's exemption of the required immunization(s); 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 vaccination(s) must complete this documentation and submit to the Wicker Wellness Center. The Wellness Center staff will carefully review exemption requests. Approval is not guaranteed. The Wellness Center may request additional documentation from any student who applies for an exemption.

After the student's request has been reviewed and processed, the student will be notified, in writing, if an exemption has been granted or denied. Decisions are final and not subject to appeal.

Deadline: All requests must be submitted no later than one week prior to arrival on campus. Students without the required vaccination or an exemption will not be permitted to move on campus and/or register for classes.

Part 1: Please indicate type of exemption requested and follow submission instructions.

I am requesting to be exempted from the following mandated vaccine(s):

- MMR (measles, mumps, rubella)
- Meningococcal (quadrivalent, ACWY)
- Tdap (tetanus, diphtheria, acellular pertussis)

I do not wish to receive vaccination(s) for the following reason:

- Medical
- Religious

Medical Exemptions: Submit directly to Health Services (uhealthcenter@union.edu).

- Completed Request for Exemption (this document).**
- A written certificate from a licensed physician, physician assistant, or nurse practitioner** that one or more of the required immunizations is medically contraindicated. The specific vaccine must be indicated. The duration of the exemption must be specified, and the reason for the medical exemption must be valid.

Religious Exemptions: Submit directly to Health Services (uhealthcenter@union.edu).

- Completed Request for Exemption (this document).**
- Student Personal Statement.** The student must provide a written and signed statement (Union College does not accept letters or signatures from parent or legal guardians unless the student is or will be under 18 years of age at the time of enrollment) detailing the religious basis for the objection and explain:
 - Why the student is requesting this religious exemption;
 - The religious principles or philosophy that guide the student’s objections to immunization;
 - Whether the student is opposed to all immunizations, and, if not, the religious basis that prohibits vaccinations.

The College may request additional information or documentation if appropriate.

Part 2: Please sign below.

I agree to hold Union College harmless in the event of any illness or injury resulting from my exemption from 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 Health Services professional staff and under the guidance of the New York State Department of Health, I may be temporarily excluded from classes, residence halls or the entire 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 [print]: _____

DOB: _____

Student ID#: _____

Signature: _____

Date: _____

Parent or legal guardian, if student is a minor, must sign.

Name [print]: _____

Signature: _____

Date: _____