

INSTRUCTIONS

For completing: “Eastern Mennonite University Immunization Waiver Form”

1. Complete the form with your name (*first and last*)
2. Enter your *EMU Student ID number*
3. Enter your *Date of Birth –Month, Date and Year*
4. Circle one (1) reason for requesting a waiver
5. Place an (x) beside the immunization(s) you are opting (*waiving*) not to obtain
6. Please go to page 3 of this form and follow the link to the vaccine information regarding the vaccine(s) you are choosing not to obtain and read the information from the CDC regarding the vaccine(s)
7. If you select “MEDICAL” you will need to print out the form and take it to your Health Care Provider to complete and date and sign along with your signature
8. If you select “Religious”; “Personal”, or “Philosophical” typing your name and entering the date will be acceptable as a signature
9. After the form is completed please save it and upload the form to <https://emu.medicatconnect.com/>
 - a. Sign in using your EMU “User ID” (*letters and numbers*) and EMU password
 - b. Select “upload”
 - c. Follow the instructions to Upload your scanned documents
 - d. Select “Immunizations” for type of document
 - e. If you are unable to access Medicat and upload as instructed above: Email healthservices@emu.edu and attach a completed copy of the waiver form to the email

Eastern Mennonite University Immunization Waiver Form

Name: _____ Student ID: _____

Date of Birth: _____

I am requesting a waiver for the vaccines checked below for the following reason:

Medical (see below) or **Religious, Personal, or Philosophical** (please circle reason)

_____ Measles

_____ Tetanus

_____ Mumps

_____ Diphtheria

_____ Rubella

_____ Pertussis

_____ MMR(*measles,mumps,rubella*)

_____ Td

_____ Polio

_____ Tdap

_____ Varicella (chicken pox)

_____ Hepatitis A

_____ Meningitis

_____ Hepatitis B

I have reviewed the CDC vaccine information sheets (VIS) for those immunizations I am declining to have administered. (*links to VIS forms next page*) I recognize that in the case of any vaccinations I decline, the underlying diseases present on campus may restrict my access to campus properties and activities until the risk of contracting the disease is past. The determination of whether a given risk no longer exists will be determined in the sole discretion of the University. I also agree to hold harmless Eastern Mennonite University, its employees, directors, officers and Trustees in the event of any possible illness or injury resulting from my declining or delaying any immunizations and with regard to any decisions related to restricting my access to University properties and activities due to my declining to receive any vaccination.

Student Signature *: _____ Date: _____

*If under age 18, parent or guardian signature: _____

For **medical waiver** a physician/nurse practitioner signature and explanation is required.

Reason for medical exemption: _____

Physician/Nurse Practitioner (printed)

Physician/Nurse Practitioner Signature

Information from CDC website regarding COVID Vaccine(s) and Links to Vaccination information forms (VIS) for required Vaccinations listed above:

MENINGITIS

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>

TDAP (*Includes: Tetanus, Diphtheria and Pertussis*)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

MMR (*Includes: Measles, Mumps and Rubella*)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

Varicella (*Chicken pox*)

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

Polio

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

Hepatitis A

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.pdf>

Hepatitis B

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>