

# MMR IMMUNIZATION EXEMPTION REQUEST AND WAIVER OF RESPONSIBILITY

(FOR STUDENTS AND EMPLOYEES)



Vaccine preventable diseases continue to exist. Immunizations are one of the most effective measures to protect children, adolescents, and adults from harmful preventable diseases and possible death. In order for vaccinations to successfully prevent outbreaks of diseases, a high proportion of persons in any close community – like our university campuses – must be immunized.

Mercyhurst University requires proof of immunization – for both students and employees – or proof of immunity to the measles. Under Pennsylvania law, exemptions are allowed only under the following circumstances:

1. Medical exemption is allowed if a physician submits a written, signed, and dated statement indicating that in their professional opinion, immunization is medically contraindicated and would endanger the health of the individual.
2. Religious exemption is allowed if individual objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

Waivers are valid for at least one academic year.

## What type of exemption are you requesting?

- ☐ **Medical Exemption** - I am requesting exemption from immunization requirements for medical reasons. I have attached a statement from my personal physician regarding my request for exemption.  
*(The statement must be on the doctor's letterhead and signed and dated by the physician.)*
- ☐ **Religious Exemption** - I am requesting exemption from immunization for religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief. I have attached a statement regarding my request for exemption.  
*(For students, parent-requested religious exemptions are only in effect until the student becomes 18 years old. At that time, the student must request a religious exemption and write their own statement of belief.)*

## Certifications – Carefully read and initial each of the following statement

\_\_\_\_\_  
INITIALS I have read the measles information in the 'Frequently Asked Questions.' I understand the risks of not obtaining the MMR vaccine. In addition, I acknowledge the detrimental health effects of the disease. I have also read about and understand the availability and effectiveness of the vaccine.

\_\_\_\_\_  
INITIALS I understand that in the case of a disease outbreak, I may be asked to leave campus. In that event, I understand I will not be able to participate in classes, activities, employment, etc. for the protection of my personal health and the health of the community. These determinations will be made by Mercyhurst University in consultation with the Department of Health.

\_\_\_\_\_  
INITIALS I agree to hold Mercyhurst University harmless in the event of any illness or injury resulting from my declination of required immunizations.

\_\_\_\_\_  
INITIALS I am aware that if I am asked to leave campus, Mercyhurst University will not be responsible for expenses resulting from having to leave campus (e.g. airfare, hotel accommodations). For students, there shall be no refund of tuition, fees, room, board, etc.

## Sign and date this form

\_\_\_\_\_  
YOUR NAME (PLEASE PRINT)

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (IF UNDER 18)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

\_\_\_\_\_  
DATE

## Deliver this form and accompanying documentation to:

for students:  
Cohen Health Center  
4118 Briggs Avenue

for employees:  
Human Resources  
Old Main, 2nd Fl, office 200  
email: HRInfo@mercyhurst.edu