

# Title: Religious Exemption from Immunization

Date of Last Revision: 05/01/2019 (v)-10o51 7652. .28 256.44 67.08 re

Information OneNote Health Forms ~~Religious and~~

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**Medical Exemption**



# SKIDMORE COLLEGE HEALTH SERVICES

815 North Broadway Saratoga Springs, NY 12866

Phone: 518 580-5550 Fax: 518 580-5556 e-mail: health@skidmore.edu

I am requesting medical or religious exemption for the following mandated vaccine(s):

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

Initial each statement in the space [ ] below:

[ ] I agree to hold Skidmore College harmless in the event of any illness or injury resulting from my inability to receive one of the above vaccines.

[ ] I understand that in the case of a v.2 no. 3.3 1 sep 3.2 (n) ert 10.7 5s-3.2 (n) 0.7 ( t) 3.3 ( a) bh

[ ] I will be responsible for any expenses I may incur for such exclusion as described above.

[ ] I understand that I will be responsible for working with my faculty to make up any missed class work.

[ ] For applicable diseases, I understand I may be required to comply with testing or other preventive requirements.

[ ] I understand that participation in intercollegiate athletics may be restricted in accordance with NCAA conference league mandates.

Name (Print) : \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_