



University of New Hampshire

Health & Wellness

4 Pettee Brook Lane

Durham, NH 03824

603-862-9355

Student Name: _____ **DOB:** _____ **UNH Student ID #:** _____

I understand that I must provide UNH Health & Wellness with this completed form and supporting documentation for my exemption request to be considered.

Risk of non-immunization:

Immunization is acknowledged as a safe and effective way to protect oneself and one's community against vaccine-preventable diseases that can harm, disable, and even result in death. UNH requires MMR (measles, mumps, rubella), Varicella, Tdap (Tetanus, diphtheria, acellular pertussis), and Meningococcal ACWY vaccinations as a condition of enrollment. These contagious diseases if unchecked can spread rapidly among individuals and groups such as a university-community.

I request exemption from: MMR - Varicella - Tdap - Meningococcal ACWY
(Please circle the vaccines you are requesting exemption from)

_____ Vaccination is contrary to my sincerely held religious beliefs. *Please provide a statement attesting to your sincerely held religious belief and how it prevents you from being immunized.*

_____ I have (a) medical condition(s) that prevent(s) me from receiving the vaccination(s). *Please provide a signed and dated statement from your medical provider(s) stating which specific vaccines are contraindicated and the expected duration of the medical condition(s) that contraindicate the vaccines.*

_____ Other. Please provide a written explanation.

I agree to hold harmless the University of New Hampshire in the event of any illness or injury resulting from my non-compliance with this requirement. I understand that in the case of a disease outbreak, I may be temporarily excluded from classes, residence halls and/or other activities on the campus of UNH and its affiliated institutions. UNH will not reimburse tuition, room and board or any other costs or fees due to my exclusion under these circumstances. I understand that my absence from class during such circumstances may not be an excused absence, and that faculty members will not be required to make special accommodations in my absence.

I have read and understand the above risks of non-immunization and have had the opportunity to discuss this with a medical provider.

(Signature)

(Date)