

IMMUNIZATION RELIGIOUS EXEMPTION FORM

Last Name	First Name	Date of Birth	XID	
Street Address	City	State	Zip Code	Home Telephone

RELIGIOUS EXEMPTION

A religious exemption may be granted to any student who signs below acknowledging specific religious beliefs and practices that preclude the student from receiving vaccinations. Please upload this form to MyHealth-e (under *Medical Clearances*).

☐ **Measles, Mumps, Rubella Information (MMR)**

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: cdc.gov/vaccines/vpd-vac/measles.

☐ **Tetanus, Diphtheria, Pertussis Information (TDAP)**

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria and Pertussis, go to the CDC's website at: cdc.gov/vaccines/vpd/tetanus.

ACKNOWLEDGEMENT STATMENT

I have read and understand the MMR and/or TDAP information above, and I understand the risks and benefits of the vaccine(s). I hereby acknowledge that I have specific religious beliefs and practices that preclude me from receiving vaccinations. I further understand in the event of an outbreak on campus, **I may be required to leave campus for up to two weeks after the last case is confirmed.**

Signed: _____
(Parent signature required if student is younger than 18 years old)

Please upload this completed form to MyHealth-e (under *Medical Clearances*).



Please visit our website at clemson.edu/studenthealth.

