

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 mail or fax this form to Redfern Health Center.

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 Statement

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)

Fax or Mail to:

Redfern Health Center
Clemson University
Box 344054 Rm: 34
Clemson, SC 29634-4054

Fax: (864) 656-0760

Please visit our website at clemson.edu/studenthealth.

