



Hastings College Student Health Services
Statement of Exemption from Immunization Requirements
Religious Exemption

Hastings College, following the recommendations of the American College Health Association (ACHA), asks that all students have a copy of their current Immunization Record on file at the Charles L Stone Student Health Center. At a minimum ACHA recommends all students to document the following immunizations to protect them from communicable diseases during their college years:

- 2 doses of MMR vaccine
Varicella (Chickenpox) immunity
Hepatitis B vaccine series
Polio vaccine series
Diphtheria/Tetanus vaccine series, last dose within 10 years.

Name _____ Date of Birth _____

Address _____

SSN _____ Telephone _____

Student Statement

I request an exemption from the recommended immunizations and understand that in case of a communicable disease outbreak I may be temporarily excluded from classes, residence halls, or other campus activities at the discretion of the Director of Student Health Services.

Student Signature _____ Date _____

Parent Signature (if under 19) _____ Date _____

Attestation to Religious Belief

The above named student is a member of _____
(name of Religious entity)

I attest that vaccination against communicable disease is against the stated beliefs of our religious entity. (Please identify requirement above).

Religious entity official's signature _____ PrintName _____ Date _____

Address, City, State, Zip _____ Phone _____