

**Immunization Exemption Request**  
**Furman University Earle Student Health Center**

**Section I: to be completed by student (or guardian if student is under 18)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Furman ID #: \_\_\_\_\_

Class Year: **(Circle one)** Freshman Sophomore Junior Senior Graduate Student

Furman Earle Student Health Center follows the regulations and guidelines of the Immunization Division of the South Carolina Department of Health and Environmental Control (SC DHEC) and the recommendations of the American College Health Association (ACHA). Based on their criteria, the university can grant an immunization exemption for the reasons set forth in Sections II-IV below. I acknowledge and agree that I am voluntarily providing the information contained in this form in connection with my request for exemption from any one or more of Furman's required vaccines.

Furman requires the below vaccines. **Please check the vaccines for which you are requesting an exemption:**

- |   |  |
|---|--|
| <input type="checkbox"/> M.M.R. (Measles, Mumps, Rubella) | <input type="checkbox"/> Tdap Booster (Tetanus, diphtheria, and pertussis) |
| <input type="checkbox"/> Hepatitis B                      | <input type="checkbox"/> Varicella   |
| <input type="checkbox"/> COVID-19                         |  |

**Section II: Medical Exemption Request (to be completed by Healthcare Provider)**

Healthcare Provider Certification of Contraindication and/or Disabling Condition: I certify that my patient (named above) should not be vaccinated because they have one of the following contraindications and/or disabling conditions:

Medical contraindication to vaccination, including but not limited to documented anaphylactic allergic reaction or other severe adverse reaction to any vaccine (e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms; generally not including gastro-intestinal symptoms as the sole presentation of allergic reaction) or documented allergy to a component of the vaccine (generally not including sore arm, local reaction, or subsequent respiratory tract infection). Please list the contraindication.

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Other documented physical or mental disability. Please indicate the disability and explain the reasons the above-named student should receive the requested exemption as an accommodation.

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**Signature of Healthcare Provider**

Printed Name: \_\_\_\_\_ State License #: \_\_\_\_\_

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

Clinic Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III: Religious Beliefs Exemption (to be completed by student, or guardian if student is under 18)**

Requests for exemption based on religious beliefs: if the sincerely held religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirements checked above, the student will be exempt of the requirement upon submission of a written statement below setting forth the religion in question, the formal tenet of such religion that expressly opposes the vaccination, and a brief statement describing the sincerity of the student’s religious belief.

Student statement:

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**Section IV: Strong Personal Objection to COVID-19 vaccine (to be completed by student, or guardian if student is under 18)**

[ ] I understand that COVID-19 is a contagious respiratory disease that can lead to serious illness and possibly death. The CDC, the ACHA and Furman’s Earle Student Health Center strongly recommend that all students be vaccinated against COVID-19. However, I decline COVID-19 vaccination at this time based on a strong personal objection. I understand that by declining this immunization I may continue to be at risk of (i) acquiring this disease, (ii) developing serious illness including in some cases death, and (iii) exposing other people with whom I am in close contact to COVID-19 and the risks related thereto. I also acknowledge that there may be limitations and/or additional expectations of me, and I agree to comply with such limitations and/or additional expectations, including, but not limited to, those outlined in Section V.

**Section V: Acknowledgement of Expectations for Not Being Vaccinated against COVID-19**

1. Unvaccinated students who are symptomatic for COVID-19 or a close contact of an individual who is symptomatic or positive for COVID-19 will be required to report exposures or symptoms to the Earle Student Health Center and subsequently quarantine or isolate.
2. Unvaccinated students who are exempt from the COVID-19 vaccination requirement as a result of a Strong Personal Objection will be responsible for covering all costs and expenses not covered by insurance, including but not limited to medical, travel, quarantine/isolation, testing, treatment, and other personal costs and expenses associated with COVID-19.
3. Unvaccinated students who are exempt from the COVID-19 vaccination requirement as a result of a Strong Personal Objection and who are subsequently required to quarantine or isolate must do so off campus. Furman will not provide quarantine and isolation space, or any services related to quarantine and isolation, including, but not limited to, meal deliveries or related medical support for unvaccinated students after August 1. This includes students living in a housing assignment that might be suitable for quarantine or isolation.
4. Unvaccinated students may be excluded from activities that require individuals to be vaccinated against COVID-19 (e.g., NCAA athletics, study away, internships, etc.).
5. Furman does not guarantee remote access to academic courses and/or any other offerings during quarantine or isolation for unvaccinated students who are exempt from the COVID-19 vaccination requirement as a result of a Strong Personal Objection.
6. Tuition, room and board charges will not be reduced for students (vaccinated or unvaccinated) who are required to quarantine/isolate off campus.

To the extent required by applicable law, Furman will provide reasonable accommodations to students exempt from Furman’s required vaccines under Sections II and III above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, submit this form to the Earle Student Health Center at [furmanstudenthealth@PrismaHealth.org](mailto:furmanstudenthealth@PrismaHealth.org).**

**For questions, call 864.522.2000.**