

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-III 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.

- 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.

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:

Section IV: Acknowledgement of Expectations for Students Receiving Immunization Exemption

1. Students who are (i) symptomatic for any of the illnesses for which they have received an immunization exemption or (ii) a close contact of an individual who is symptomatic for any of the illnesses for which they have received an immunization exemption may be required to report exposures or symptoms to the Earle Student Health Center and subsequently quarantine or isolate.
2. Furman does not guarantee remote access to academic courses and/or any other offerings during quarantine or isolation.
3. Students are 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.
4. Students who are required to quarantine or isolate must do so off campus. This includes students living in a housing assignment that might be suitable for quarantine or isolation. Furman is not required to 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.
5. Tuition, room and board charges will not be reduced for students who are required to quarantine/isolate off campus.
6. Students with immunization exemptions may be excluded from activities that require individuals to be vaccinated against the illness for which they have received an exemption (e.g., NCAA athletics, study away, internships, etc.).

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. For questions, call 864.522.2000.