

IMMUNIZATION WAIVER – RELIGIOUS OR MEDICAL EXEMPTION

Florida Southern College (“FSC”) requires that all students submit proof of certain vaccinations as set forth in Section A of FSC’s Immunization Form (the “Form”, available here: <https://www.flsouthern.edu/getmedia/bfc402f4-4054-4a44-b1de-9e178ae70b76/FSC-Immunization-History-Form.pdf>). FSC also recommends that students be additionally vaccinated as set forth in Section B of the Form. Students may request a waiver from the immunization requirements on the basis of a sincerely held religious belief or for medical reasons by submitting this form, along with appropriate supporting documentation, to Med+Proctor. If the student is under the age of 18 or otherwise not legally competent to sign this form, a parent or legal guardian must sign. By signing and submitting this form to FSC, I acknowledge and agree:

- A. That I understand the risks associated with measles, mumps, rubella, meningococcal meningitis, hepatitis B, and the diseases listed in Section B of the Form (the “Select Diseases”) as well as the availability, effectiveness, and known contraindications of vaccines against the Select Diseases;
- B. That I understand the serious and even life-threatening consequences of contracting the Select Diseases. I also understand that health care professionals and organizations, including the U.S. Centers for Disease Control, recommend that students receive vaccinations for the Select Diseases;
- C. That by declining to receive these vaccinations, I may continue to be at risk of contracting these diseases and the serious health consequences that may result;
- D. That by declining to receive these vaccinations, I may be ineligible to participate in certain programs or activities due to the particular vaccination requirements for such programs and activities, and that this ineligibility and its related consequences may have an impact on my ability to complete degree requirements and/or on my future career opportunities, particularly in certain health-related fields;
- E. That in the event of an outbreak of a Select Disease, FSC reserves the right to exclude me from living in FSC housing, attending classes, being on the campus, and participating in all FSC-related activities until appropriate health care professionals determine the outbreak is controlled;
- F. That FSC may disclose my non-vaccination status to appropriate persons in the event of a situation involving imminent danger to students or other members of the FSC community for which information about my non-vaccination status is immediately needed in order to prevent a serious threat to the health and safety of others;
- G. That I will immediately (within 24 hours) report and disclose to the Student Health Center any positive test result or confirmed diagnosis I receive for any of the Select Diseases and comply with any temporary restrictions, adjustments, or other measures implemented or requested by FSC to protect students and other members of the FSC community;
- H. That if I am excluded from classes, housing, the campus, or other FSC-related activities due to the outbreak of a Select Disease or my contracting a Select Disease, I may not be eligible for withdrawal or refund of tuition or other charges;
- I. That in consideration of FSC accepting this form in lieu of proof that I have received the required vaccines, I hereby release FSC and its trustees, officers, employees, agents and

assigns (the "Releasees") and forever waive and discharge any and all claims, demands, liabilities, damages, expenses, actions or causes of action, suits, and attorney fees and costs of any nature, whether at law or in equity, known or unknown, that I have or may have against the Releasees arising from or related to my decision to decline obtaining vaccination against the Select Diseases.

The type of exemption I am claiming is:

- Religious**, and I hereby affirm that I have a sincerely held religious belief or practice with which immunization for one or more of the Select Diseases conflicts.
- Medical**, and I hereby affirm that a health care professional has determined I should not be immunized for one or more of the Select Diseases due to health reasons. A statement from the health care professional who made that determination is attached with my submission of this form.

I DECLINE TO OBTAIN THE FOLLOWING REQUIRED VACCINATIONS (check each declined):

- MMR** (measles, mumps, rubella)
- Hepatitis B**
- MC4** (meningococcal meningitis)

Student Signature: _____

Print Student Name: _____

Date: _____

The student whose name is printed above is under the age of 18 or otherwise not legally competent to sign this form, and I am signing by and on behalf of the student as his or her natural parent or legal guardian.

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Date: _____