

Students may be exempt for Good Cause/Religious/Philosophical/ Moral Convictions reasons.

Instructions: Check off the vaccines you request an exemption.
Complete and sign the form

Upload the form to your electronic medical record OR
Mail to JCU Student Health Center, 1 John Carroll Blvd, University Heights, OH 44118
OR return the completed form to the Student Health Center, lower level Murphy Hall

GENERAL (NON-MEDICAL) EXEMPTION - Vaccination

Last Name _____		First Name _____	
Birth Date _____	Banner ID _____	Semester Start 20 _____	
		(circle one) Fall Spring	

The above-named student requests an exemption for the following vaccine(s) (check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Meningococcal conjugate |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tetanus/Diphtheria/Pertussis (Tdap) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Rubella | |

The above-named student understands that by submitting the John Carroll University Medical exemption form for one or more vaccines required by the Vaccination Requirement, the student exempts at their own risk. The student releases John Carroll University, its faculty, staff and students from any and all claims, connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that they may be asked to leave campus until the situation is resolved.

Student/Parent (student under age 18 years) Signature _____ Date _____