

# MEDICAL AND RELIGIOUS BELIEF EXEMPTION FROM REQUIRED IMMUNIZATIONS



Date: \_\_\_\_\_

Goshen College, consistent with almost all colleges, universities, and public schools, requires that students be vaccinated against specific communicable and preventable illnesses for which there are safe and effective vaccinations available. This requirement protects the health and safety of students, employees and the surrounding community.

This form documents exemptions, due to medical or religious beliefs from the immunization(s) indicated below by a student at Goshen College, if age 18 or older, or by the student's parent or legal guardian, if less than 18 years of age. Below select if you are pursuing a medical or religious exemption.

## Medical exemption

*This exemption is for any student who is unable to receive a vaccine required by Goshen College due to a medical contraindication. The medical exemption will apply for one (1) year from today's date. Documentation from the student's medical provider indicates the medical contraindication will be submitted to the Health Services office at [health@goshen.edu](mailto:health@goshen.edu).*

## Religious exemption

*This exemption is for any student who objects to a vaccine on the basis of religious belief. The religious exemption is permanent, and will apply for the duration of the student's tenure at Goshen College or until the student chooses to be immunized due to a change in their religious belief. The religious exemption will be submitted to the Health Services office at [health@goshen.edu](mailto:health@goshen.edu).*

### (initial each illness this exemption applies to)

\_\_\_\_\_ \*COVID-19      \_\_\_\_\_ Diphtheria      \_\_\_\_\_ Tetanus      \_\_\_\_\_ Pertussis  
\_\_\_\_\_ Polio      \_\_\_\_\_ Measles      \_\_\_\_\_ Mumps      \_\_\_\_\_ Rubella

\*COVID-19 vaccine will be required upon FDA approval

### GOSHEN COLLEGE STUDENTS: COMPLETE THIS SECTION IF YOU ARE 18 YEARS OF AGE OR OLDER.

I, \_\_\_\_\_,  
(print name of student)

hereby certify that the administration of any vaccine against the illnesses indicated above is contrary to my medical well-being or personal religious belief. I understand that if there is a communicable disease outbreak on campus or with an athletic team (such as measles, mumps, or COVID-19), I may be temporarily excluded from classes, residence halls, campus or athletic events at the discretion of Goshen College. This is pursuant to my right to refuse vaccinations against the indicated illness on the grounds that those vaccinations conflict with my religious beliefs or medical condition as noted in the medical documentation I have provided the college. Pursuant to Indiana statute IC 20-34-3-2, I am providing a copy of this statement to Goshen College.

Therefore, I hereby waive any claim on Goshen College concerning this and certify that I will never in any way hold Goshen College responsible for any consequences which may result from this decision. This is a total and complete release by me of Goshen College responsibility, and a full acceptance of responsibility by me for this decision to have my student forgo the required immunizations.

\_\_\_\_\_  
Student signature (if 18 or older)      Date

\_\_\_\_\_  
Signature of Employee      Date  
(director of health and wellness)

### PARENTS/LEGAL GUARDIANS OF STUDENTS LESS THAN 18 YEARS OF AGE: COMPLETE THIS SECTION.

This is to certify that I, \_\_\_\_\_,  
(print name of parent/guardian)

am aware of the immunization policies of Goshen College. I further certify that for documented medical (medical documentation provided with this exemption form) or religious beliefs,

I choose not to have my student, \_\_\_\_\_,  
(print student's name)

immunized against the specific illness(es) indicated above. I understand that if there is a communicable disease outbreak on campus or with an athletic team (such as measles, mumps, or COVID-19), my student may be temporarily excluded from classes, residence halls, campus or athletic events at the discretion of Goshen College.

Therefore, I hereby waive any claim on Goshen College concerning this and certify that I will never in any way hold Goshen College responsible for any consequences which may result from this decision. This is a total and complete release by me of Goshen College responsibility, and a full acceptance of responsibility by me for this decision to have my student forgo the required immunizations.

\_\_\_\_\_  
Parent signature (if student is less than 18)      Date

\_\_\_\_\_  
Signature of Employee      Date  
(director of health and wellness)