

University of Southern Indiana
University Health Center
8600 University Blvd.
Evansville, IN 47712
Phone: 812/461-5285
Fax: 812/465-7170

Request to be Exempt from Immunization Requirements

Student Name _____ Student ID No. _____

Phone _____ Email _____

Students requesting to be exempt from the University of Southern Indiana's immunization requirements are required to read and sign this Request for Exemption. The University of Southern Indiana recognizes only medical and religious exemptions. Requests for exemption are evaluated by the University Health Center Manager.

Risks of Non-Immunization: Immunization is a safe and effective way to protect you against vaccine-preventable disease that can cause significant health problems. The following contagious diseases can spread rapidly among non-immunized individuals in a group setting like a university campus.

1. **Measles** is a serious disease characterized by a rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain, and even death. The severe complications develop in one out of every 1,000 cases; one in ten of such complicated cases will result in death.
2. **Rubella** ("German measles") is an infectious viral disease characterized by mild fever and rash. The major risk is to non-immune women who catch the disease early in pregnancy. Such women may have a baby with serious birth defects.
3. **Mumps** is a virus characterized by fever, headache, and/or swollen glands under the jaw. Mumps can lead to deafness, swelling of the brain or spinal cord, or swelling of reproductive organs.
4. **Tetanus** (Lockjaw) is a serious illness caused by bacteria that enters the body through cuts, bites, burns or puncture wounds. It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes breathe. Tetanus kills about 1 out of 10 people who are infected.
5. **Diphtheria** is a bacterial infection that causes a thick covering in the back of the throat. It can lead to difficulty breathing, heart failure, paralysis, and even death.
6. **Tuberculosis** is a disease caused by bacteria that usually attack the lungs, but can also damage other parts of the body. If not treated properly, TB disease can be fatal.
7. **Meningitis** is an inflammation of the membranes surrounding your brain and spinal cord. The swelling typically triggers symptoms such as headache, fever and stiff neck. Meningitis can be caused by several different organisms. It can be deadly and requires immediate medical attention.

Additional information concerning immunization may be obtained from the Centers for Disease Control at www.cdc.gov or through the University of Southern Indiana's University Health Center.

By signing below, you acknowledge that you have read and understand the above stated risks of non-immunization and have had the opportunity to discuss these risks with a physician, or have declined to do so, and that you are requesting exemption from the University of Southern Indiana's immunization requirements for the following reason(s):

____Pregnancy or Suspected Pregnancy ____Medical Contraindication ____Religious Objection

1. If you claim an exemption for pregnancy or suspected pregnancy, a physician's letter certifying the reason for exemption is required.
2. If you claim an exemption for medical contraindication, a physician's letter indicating the nature and probable duration of the condition is required. The letter must also identify the specific vaccine(s) that could be detrimental.

Please submit this form and your physician's letter to our office. A final determination will be made by the manager of the University Health Center.

Liability Release

In recognition of the risks associated with this Request to be Exempt from Immunization, I hereby waive any and all claims against the University of Southern Indiana ("USI") and its trustees, faculty, staff, employees, or agents, which may arise as a result of my failure to be immunized, and agree to indemnify and hold harmless USI from any claims or causes of action brought against it or its trustees, faculty, staff, employees, or agents as a result of my failure to be immunized. I further understand that in the event that a case of measles, mumps, or rubella is discovered on campus, I may be temporarily excluded from classes, residence halls, or the USI campus while a public health threat exists.

Student signature** _____ Date: _____

***Parent must sign if student is less than 18 years of age. Student must sign form after turning 18 if parent signed previously.*