

University of Southern Indiana
Immunization Office
8600 University Boulevard
Evansville, IN 47712
Phone: 812/461-5285
Fax: 812/461-5284

Request for Exemption from Vaccination Requirement

Student Name _____ Student ID # _____

Phone _____ Email: _____

Students requesting an exemption 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 and wants students to understand the risks associated with a decision to seek an exemption. Exemptions are approved by the Dean of Students Office.

Risks of Non-Immunization: Immunization is a safe and effective way to protect you again vaccine-preventable disease that can hurt, cripple, and even kill. The following contagious diseases can spread rapidly among non-immunized individuals in a group situation such as a university campus.

1. **Measles** is a serious disease characterized by 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 rash is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects.

Information concerning other required immunization is through the Centers for Disease Control at www.cdc.gov or through the University of Southern Indiana's Student Health Services. By signing below, you acknowledge that you have read and understand the above risks of non-immunization and have had the opportunity to discuss with a medical provider, or have declined to do so, and request exemption from the University of Southern Indiana's immunization requires for the following reason(s):

____pregnancy ____medical contraindication ____religious reasons

If you claim an exemption for medical/pregnancy reasons, a physician's letter documenting the reason for exemption is required. **Please submit this form and your documenting letter to our office. Final approval will be granted by the Dean of Students Office or Designee.**

Liability Release

In consideration from exemption I hereby waive any and all claims against the University of Southern Indiana ("USI") and its faculty, staff, employees, and/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 faculty, staff, employees, and/or agents as a result in my failure to be immunized. I further understand that in the event that a case or cases of measles and/or rubella is/are discovered on campus, I may be temporarily excluded from classes, residence halls, or the USI campus at the discretion of USI.

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.*