



## STUDENT HEALTH IMMUNIZATION WAIVER

Name of Patient (Legal First & Last Name): \_\_\_\_\_  
College of Charleston Student ID Number (CWID): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone Number:( ) \_\_\_\_\_ - \_\_\_\_\_

### STUDENT STATEMENT

I, \_\_\_\_\_, request a waiver for the following immunization(s):

- Measles, Mumps and Rubella:** Two doses of MMR vaccine administered after the first birthday with at least 28 days in between each dose
- Tetanus, Diphtheria, Pertussis:** One dose of TDAP vaccine within last 10 years of first day of classes
- Quadrivalent Meningitis:** One dose of Quadrivalent Meningitis Vaccine, given after age 16

### EXEMPTION REQUEST

- Medical Exemption Requested** Signature of a licensed medical provider (MD, DO, PA, NP) and NPI number required:

Provider printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Provider Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider NPI: \_\_\_\_\_

- Religious Exemption Requested** A religious exemption may be granted to any student with religious beliefs including those that are theistic, non-theistic, moral and ethical in nature, but must have recognized tenets and practices. Personal preferences do not constitute a religious belief. A written statement must be submitted that clearly explains why the immunization is contrary to the individual's religious doctrine and belief. Signature of a notary public required:

Signature and Seal of Notary: \_\_\_\_\_  
Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I understand that by declining, in the event on an on-campus outbreak, I may be required to leave campus for up to two weeks after the last case is confirmed or for a period as defined by public health officials. I further understand that the College of Charleston is not responsible for any classes missed or other academic consequences that may arise due to my mandatory absence from campus, and any fees, including but not limited to on-campus housing and meal plans are nonrefundable. I understand that my exemption status (though not the details of the exemption) may be shared with other college officials as needed in order to coordinate services.

**Signature:** \_\_\_\_\_

## STUDENT LIABILITY RELEASE AND WAIVER

1. I, the undersigned student, acknowledge that it is strongly recommended by the College of Charleston and The South Carolina Department of Health and Environmental Control (SCDHEC), that I obtain vaccinations against 1.) Meningococcal disease, 2.) Measles, Mumps and Rubella (MMR) as well as 3.) Tetanus, Diphtheria and Pertussis (TDaP) (hereinafter collectively "Vaccination"). There is also available from SC DHEC and/or the CDC information relating to the nature of such diseases and generally acceptable preventive measures. I also acknowledge that a copy of the College of Charleston's Policy entitled IMMUNIZATION COMPLIANCE POLICY is available for review by me.
2. Information regarding the benefits of receiving the Vaccination is available to me from the CDC and/or SCDHEC and I fully understand and appreciate the dangers, hazards, and risks that may arise from not being vaccinated. These dangers, hazards, and risks can result in impairment to my body, general health, well-being, and could include serious or even fatal results.
3. I understand and acknowledge that the College of Charleston and its staff members at Student Health Services and elsewhere have no responsibility to provide legal counseling or advice to me regarding the consequences of my decision not to receive vaccinations and what those consequences might be and that they cannot provide legal counseling or advice to me in any manner whatsoever. If I have questions regarding these or other matters, I acknowledge and understand that it is up to me to seek such legal counsel from my own private attorney.
4. Knowing the dangers, hazards, and risks of not receiving the Vaccination, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasers"), I agree to assume all the risks and responsibilities surrounding my failure to be vaccinated. On behalf of myself and the Releasers I hereby release and covenant not to sue the College of Charleston, or its trustees, officers, representatives, and employees ("Releasees"), and I hereby release, waive, and forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releaser, arising out of, or related to, my failure to receive the Vaccination. It is my express intent that this Full Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

**THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

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

*(IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.)*

I am the parent or legal guardian of the above named student and have read and understand the foregoing STUDENT LIABILITY RELEASE AND WAIVER. I agree, for myself and for the student, to be bound by its terms and conditions.

\_\_\_\_\_  
Signature of Parent/Guardian

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_