

**Lancaster Bible College
Health Services**

**Statement of Exemption to
College and University Student Vaccination Act**

Student's Name _____ **Date of Birth** _____

Parent or Guardian (if under 18) _____

Address _____

Telephone () _____

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal Vaccine Information sheet for Meningococcal disease. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the required vaccine. However, I am requesting exemption for Senate Bill No. 955, the College and University Student Vaccination Act.

Medical Exemption

The physical condition of the above named student is such that immunization would endanger life or health.

Signed _____
(Physician signature)

Date _____

Religious/Other Exemption

I, _____, for religious or other reasons, am
(Students name)
requesting exemption from such immunization.

Signed _____

Date _____