



THE FLORIDA STATE UNIVERSITY

UNIVERSITY HEALTH SERVICES

HEALTH & WELLNESS CENTER

University Health Services
Florida State University
960 Learning Way
Tallahassee, FL 32306-4178
(850) 644-3608
Fax: (850) 644-8958

Date: _____

VACCINE WAIVER FOR RELIGIOUS EXEMPTION

Dear Student:

To request exemption from the Measles, Mumps and Rubella (MMR) vaccinations required for enrollment in the Florida State University, read and sign this form. Submit this form along with Forms 1, 2 and 3 of the Healthcare Compliance Packet and either a letter from your church or a personal statement (at the bottom of this form) stating your personal religious tenet.

I certify that immunizations violate my religious practices and tenets. Therefore, I request that I be enrolled at Florida State University without the immunizations required by the Florida Board of Education and Florida State University. I understand the risks associated with failing to be immunized and request exemption from these requirements. I also understand that I may be excluded from attending classes or other activities at Florida State University for the duration of a vaccine preventable disease outbreak which can last up to 21 days after the last case is detected at Florida State University. I will not be offered any other vaccines that are currently available or may become available. Electing to receive other vaccines will negate my religious exemption status.

I agree that I shall be solely responsible for any costs associated with my exclusion from classes or university activities. I am aware that should such exclusions affect my grades and attendance records, I will be ineligible to apply for either a medical course drop or medical withdrawal due to a situation or situations resulting from a vaccine preventable incident.

Students Name (Print)

Student Signature

FSU Student Number or Date of Birth

Signature of Parent or Guardian (If under 18)

Personal Statement:

Student Signature

Date