

Immunization Waiver Request # Wat0 7 03 Tw 1TT0 60

Tdap (Tetanus, Diphtheria, & Pertussis) rDT Booster, Received within the last 10 years.

Meningitis (Menactra or Menveo) Mandatory for new first year students who are under the age of 2. Must be received prior or after or Johnson & Johnson) currently D S S U R with G E R by

the)' \$.

What is the reason for this request?

Medical Exemption: Please provide medical documentation from a healthcare provider regarding the contraindication.

Religious Exemption (includes strong moral or ethical conviction similar to a religious belief) Please provide a written statement below detailing why your religious beliefs or similar strong moral or ethical conviction are opposed to immunizations.

Required (Please Initial):

1. I acknowledge that in the event of an infectious disease outbreak on the University of Scranton campus I may be excluded from