



REQUEST FOR EXEMPTION FROM RIVIER UNIVERSITY IMMUNIZATION REQUIREMENT

Rivier University has established specific requirements regarding immunizations. Students who have a religious or medical reason may request an exemption from the required vaccinations. This Request for Vaccination Exemption form must be completed, notarized, and submitted prior to the start of classes.

I, _____, request an exemption from the requirement to receive the following vaccinations (please check all that apply):

- ___ Measles, mumps, rubella ___ Tetanus, diphtheria, pertussis ___ Hepatitis B
___ Meningitis ___ Varicella ___ COVID 19*

Reason for exemption (please check one):

- Medical Necessity/Contraindication. Please submit this form and a signed letter from your medical provider. The letter must specify which immunization(s) cannot be given and the specific condition that prevents the administration of the vaccine. If the student is over 18 this waiver must be signed by the student; if under 18 by the parent/guardian
Religious Objection. In signing this form, I attest to holding religious beliefs opposed to immunizations. Please submit with this waiver, a written statement from you (if over 18) or, if under 18, a statement from a parent or guardian explaining in reasonable detail the religious principles that guide your objection to how the vaccine(s) conflicts with your/their sincere religious beliefs.

I acknowledge that I have reviewed the Rivier Immunization Policy as well as the educational materials from the CDC provided at the links below:

- CDC VACCINE INFORMATION COMMON VACCINE QUESTIONS
RIVIER IMMUNIZATION POLICY GROUP SETTING RISK FACTORS

I agree to release Rivier University from liability in the event of any illness or injury resulting from exempt status. I understand that in the case of vaccine-preventable disease outbreak, to which I am likely not immune, at the discretion of the medical staff and under the guidance of the New Hampshire Department of Health and Human Services, I may be temporarily excluded from all campus activities, classes, clinicals, internships, field and service experiences, the residence halls, athletic practice, competition, events, and/or the entire Rivier campus. This action is to reduce the risk to others in the community as well as to protect my own health. I will be responsible for any expenses I may incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

Student Name _____ (print)

Date of Birth _____

Signature _____ (parent signature if student is under 18)

Date _____



***If requesting a religious or medical exemption from the COVID-19 Vaccination, please read and sign the following agreement:**

If I have an approved medical or religious exemption from the COVID-19 Vaccine Requirement, I must provide documentation of a negative COVID-19 PCR test once per month as well as anytime I am symptomatic. I will be responsible for the cost of the test and secure my own testing site; **I understand that I am required to wear a mask indoors as well as outdoors if I am not able to physically distance.** I will upload the results of testing through the [Medicat Student Portal](#). If this requirement is not met, I will not be able to have a presence on campus.

By signing below, I agree to the above terms and conditions.

Student Signature _____ Parent Signature _____
(if student is under the age of 18)

Please notarize this form if requesting a religious or medical exemption from any vaccine requirement

Notary Public/Justice of the Peace

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____ 20_____

Notary Public/Justice of the Peace (print name) _____

Notary Public/Justice of the Peace (signature) _____

Notary Public Seal

Please upload this form and supporting documentation to your [Medicat Student Health Portal](#) no later than August 15 for fall admittance or January 15 for spring admittance.