

2022 REQUEST FOR EXEMPTION FROM RIVIER UNIVERSITY IMMUNIZATION REQUIREMENT

religious or me	ity has established specific edical reason may request	an exemption fro	m the required vaccination	ons. This Request for	
Vaccination Ex	xemption form must be co	mpleted, notariz	ed, and submitted prior to	the start of classes.	
I,following vacc	inations (please check all	, wish to that apply):	o exempt myself from the	requirement to receive the	
	easles, mumps, rubella eningitis	Tetanus	, diphtheria, pertussis a	— Hepatitis B — COVID 19*	
Reason for exc	emption (please check on	e):			
	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.				
_	that I have reviewed the R ded at the links below:	Rivier Immuniza	tion Policy as well as the	educational materials from	
	CDC VACCINE INFORM	<u>MATION</u>	COMMON VACCINE	<u>EQUESTIONS</u>	
	RIVIER IMMUNIZATIO	N POLICY	GROUP SETTING RI	SK FACTORS	
status. I unders at the discretion Human Service and service exp campus. This a be responsible	n of the medical staff and es, I may be temporarily ex periences, the residence ha	ccine-preventable under the guidar scluded from all lls, athletic practo others in the cour for such excluded.	e disease outbreak, to who ce of the New Hampshire campus activities, classes tice, competition, events, community as well as to plusion. I also understand to	ich I am likely not immune, e Department of Health and s, clinicals, internships, field and/or the entire Rivier protect my own health. I will	
Student Name	(print)		Date of Birth _		
Signature	(parent signature if stude	nt is under 18)	Date		



By signing below. Lagree to the above terms and conditions.

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

If your request for medical or religious exemption from the COVID-19 Vaccine Requirement is approved, you 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 <u>Medicat Student Portal</u>. 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 cor	nations.		
Student Signature	Parent Signature (if student is under the age of 18)		
Please notarize this form if reque			
Notary Public/Justice of the Peace			
I hereby affirm that this affidavit was signed in my p	presence on thisday 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 <u>Medicat Student Health Portal</u> no later than August 15 for fall admittance or January 15 for spring admittance.

All documentation will be reviewed and a response provided via univeristy email. Students requesting an exemption may not attend classes without prior approval.