

## IMMUNIZATION EXEMPTION FORM

\_\_\_\_ Faculty      \_\_\_\_ Student

Campus: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exemption Request for: \_\_\_\_ Influenza    \_\_\_\_ Hepatitis B    \_\_\_\_ COVID-19    \_\_\_\_\_ Other

Request: \_\_\_\_ Medical Exemption    \_\_\_\_ Religious Exemption

To attend clinical experiences at an affiliate of Galen College of Nursing, including hospitals, nursing homes, rehabilitative centers, childcare facilities, and community agencies, proof of immunization is required. Certain affiliates may have increased levels of screenings or policy requirements that can represent an issue for an individual who is unable to demonstrate compliance with immunization requirements.

**By signing below, you are acknowledging that you read, understand, and agree to all of the following:**

- You have reviewed the Galen Immunization Education and understand the immunization policies and requirements of the College.
- You will abide by any restriction(s) as imposed by your physician.
- You may be restricted or limited in your exposure to patients by the clinical affiliate due to your immunization history or exemption status under clinical affiliate policies and requirements.
- You have been informed that your immunization history contains information which may result in an inability to be placed in current or future clinical settings based on affiliate policies and rules related to immunization requirements (weekly testing, personal protective equipment, etc.).
- You understand that some clinical sites require evidence of immunity or proof of vaccination against other communicable diseases such as polio, and meningitis. If you are assigned to a clinical site that has specific requirements, you will be required to comply, even with a waiver.
- I have been educated on the risk of disease exposure, and acquiring and transmitting the disease to others, without obtaining specified vaccinations.
- You are required to inform the College promptly if you are exposed to, suspect you may have contracted, or are diagnosed with any disease that is related to any immunization being waived or for which a medical contraindication or exemption has been provided.
- STUDENTS: You understand that even with a waiver, if you do not meet immunization requirements, you may be required to provide additional documentation and may be prevented from engaging in the clinical or practicum component of your program, which could result in program dismissal.
- STUDENTS: Failure to be placed in a clinical due to immunization history may result in failure of course requirements, which could result in program dismissal.
- STUDENTS: You choose to continue your enrollment at the College in light of these risks.

Name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

**MEDICAL EXEMPTION DOCUMENTATION:**

I certify that the physical condition of \_\_\_\_\_ for the above-named individual to be such that the inoculation(s) specified on this form would seriously endanger the life or the health of this individual. This individual has been educated on the risk of exposure, acquiring, and transmitting this disease to others, without obtaining specified inoculations.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Provider License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

AdditionalComments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS EXEMPTION DOCUMENTATION:**

Galen College of Nursing is committed to maintaining a diverse and inclusive student and staff population. If your religious beliefs or practices conflict with immunization requirements of Galen College of Nursing, or any of its community partners, please complete this form and submit it to CastleBranch. Please note that as our community partners' priority is patient safety. Not all community partners may accept a religious exemption for clinical placement.

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Please explain, in your own words, why you are seeking a religious exemption. Provide the principles that guide your objection, particular immunizations you are opposed to, and the religious ground on which you object.

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*NOTE: An additional statement of clarification may be submitted (religious leader, medical provider, etc.)*