I, the above-named student, request an exemption for the following vaccine(s). (Check all that apply.)

- ☐ HEPATITS B
- ☐ MENINGOCOCCAL CONJUGATE (ACWY)
- ☐ MEASLES/ MUMPS/ RUBELLA
- ☐ TETANUS
- ☐ VARICELLA

I request an immunization exemption, based on the following reason(s):

- ☐ Medical
- ☐ Personal/ Religious
- ☐ Shortage (unable to locate vaccine)

I understand that by submitting this form for any of the required vaccines, I exempt at my own risk.

I have received and reviewed information from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated.

I release Louisiana State University Health Sciences Center of New Orleans, its faculty, staff and students from any and all claims, connected with an exposure, outbreak or threatened outbreak of disease or other public health emergency on campus.

I understand that if I claim exemption for any of the reasons stated above, I may be excluded from campus and from classes in the event of an outbreak of a related disease until the outbreak is over or until I submit proof of immunization(s).

If I am under 18 years of age, I understand that my parent or legal guardian must also sign below.

I understand that I may not be able to participate in clinical activities based on the regulations of the hospital or clinic.

**Student Signature**  
**Date**

**Parent or Legal Guardian (if required)**  
**Date**