

Immunization Exemption Cornell College

Student's Name _____ Date of Birth _____

Medical exemption – Must be signed by M.D., D.O., P.A., or A.R.N.P.

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to another medical condition.

MEDICAL PROVIDER SIGNATURE

DATE

I understand that in the event of an outbreak of a vaccine-preventable, communicable disease, I may be required to leave campus for the duration of the outbreak. I understand that Cornell College will not refund tuition for any inability to attend or complete classes due to this exemption.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (if student is under 18 years old)

DATE

Conscientious/Religious Exemption

I hereby certify that my sincere conscientious or religious belief is opposed to immunizations. *By signing this form, I acknowledge the Iowa Department of Health and Human Services has published information regarding immunizations on the Department's website, including: Information that failure to complete the required immunizations increases the risk to myself and others of contracting, carrying, and spreading a vaccine-preventable disease; and Information that there are students with special health needs who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening. I understand that in the event of an outbreak of a vaccine-preventable, communicable disease, I may be required to leave campus for the duration of the outbreak. I understand that Cornell College will not refund tuition for any inability to attend or complete classes due to this exemption. I understand that some travel abroad courses may require travel vaccines to participate in the course, and that failure to receive these vaccines would prohibit me from enrolling in the course.*

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (if student is under 18 years old)

DATE

Subscribed and sworn to me on the _____ day of _____, 20____

Signature of Notary

Notary stamp/seal