KEAN UNIVERSITY STUDENT HEALTH SERVICES

1000 Morris Avenue, Downs Hall, Room 126, Union, New Jersey 07083-0411
TEL: 908-737-4880 FAX: 908-737-4894 EMAIL: hsrecords@kean.edu

STUDENTS REQUESTING AN EXEMPTION FOR MEDICAL OR RELIGIOUS REASONS

Instructions: Write your initials for each appropriate provision as acknowledgement that you have read and understand each one.

I, _____ [print name] am requesting:

_____ (**Medical Exemption**): to be exempt from a specific immunization requirement which is medically contraindicated due to my current health condition as pursuant to N.J.A.C 8:57-6.14. I have provided a written statement by my physician or advanced practice nurse that indicates the reason(s) for the medical contraindication, based upon valid medical reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP), and a specific time period for the medical exemption. Note that medical exemptions must be updated on a yearly basis unless indicated otherwise.

_____ (**Religious Exemption**): an exemption to the immunization requirements set forth by the State of New Jersey based on my religious objections as pursuant to N.J.A.C. 8:57-6.15. I have provided a written statement signed by me (if over age 18), or by my parent or legal guardian if a minor, explaining how the administration of immunizing agents conflicts with my bona fide religious beliefs. Note that a general philosophical or moral objection is not sufficient for an exemption on religious grounds.

_____ (**Medical and Religious Exemption**) I am aware that in the event of an outbreak or threatened outbreak of a vaccine preventable disease, I may temporarily be required to remain off campus, including exclusion from housing, classes and extracurricular activities until the outbreak or threat of outbreak is over.

Name of Student (Print): _____Kean ID #: _____

Signature of Student: _____Date: _____

*Signature of Parent/Guardian (if under 18 years old): _____

 Name of Parent/Guardian (Print): _____ Date: _____