

## **Student Vaccination Exemption Request**

Nebraska Wesleyan University currently requires the following vaccines for students:

2 MMR (measles-mumps-rubella)	all full-time traditional undergraduates
At least one meningococcal vaccine at or over	All full-time traditional undergraduates who
the age of 16 (may be first or second	matriculate before their 24th birthday.
meningitis vaccination)	

Vaccinations are important to the health and safety of the NWU community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual. Only documented medical or religious exemptions from the required vaccinations are allowed.

To request an exemption, the student should submit this either the Request for Medical Exemption or the Request for Religious Exemption along with the appropriate documentation to <a href="studenthealth@nebrwesleyan.edu">studenthealth@nebrwesleyan.edu</a>. Requests will be reviewed by the Director of Student Health and the Vice President for Student Life.

## **Request for Medical Exemption from Required Vaccinations**

Please complete BOTH sections of the following:

1) TC	BE COMPLI	ETED BY STU	DENT		
lmmu	nization Req	uirements sub	ject to exemption	on request: (Please indica	ate):
	All	2 MMR	Men	ingococcal	
	ement(s) mark		-	tudent, object to the immu al exemption as supported	
	Student Sign Signed	nature	DOB	Student ID#	Date
	Student Nar	ne (Printed)	Address	City/State ZIP	Phone
This s PA-C	section is to b , or APRN), w der, and docu I be harmful t	e completed a tho is or who w ments the prov	vorks in the sam vider's professio	censed medical profession of the student of the sk to someone within the	's primary care d immunization
-	•	•	nization(s) marke within the stude	ed above would be harmfo ent's household.	ul to the student
	Practitioner	Signature	License #	<b>‡</b>	Date Signed
	Practitioner	Name (Printed)	Address	City/State ZII	P Phone

## **Request for Religious Exemption from Required Vaccinations**

Please complete BOTH sections of the following:

AII	2 MMR	Meningoco	ccal	
Studen	t Name (Printed)	Student ID nu	mber	Date of Birth
EITHER: Attac organization st a religious den	th statement signed tating that the immu omination of which		ed representative o is in conflict with the ober. The letter fron	f a religious group or ne tenets or practices n the religious
		signed by the studer ed immunizations co		esting that the lent's religious beliefs.
lotarized Statem	nent for Religious E	Exemption Request		
the undersigned	Nebraska Weslevan	l Iniversity student	attact and affirm the	at the image unitation
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