



Student Vaccination Exemption Request

Nebraska Wesleyan University currently requires the following vaccines for students:

<p>Coronavirus vaccine <i>Including booster if booster-eligible (2 months past Janssen, 5 months past second Pfizer dose, 6 months past second Moderna dose)</i></p>	all students
2 MMR (measles-mumps-rubella)	all full-time traditional undergraduates
At least one meningococcal vaccine at or over the age of 16 (may be first or second meningitis vaccination)	All full-time traditional undergraduates who matriculate before their 24 th birthday.

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 form with the appropriate documentation to studenthealth@nebrwesleyan.edu. Requests will be reviewed by the Director of Student Health and the Vice President for Student Life.

Medical Exemption required documentation

- 1) A statement signed by the student that contains their name, contact information, and student ID number, along with a description of the medical situation for which the student seeks an immunization exemption.
- 2) A statement signed by a licensed medical professional that documents that the provider's professional determination that required immunization would be harmful to the student or would pose risk to someone within the student's household. The medical documentation should include the student's name and date of birth, as well as the medical practitioner's license number and contact information.

Religious Exemption required documentation

- 1) A signed and notarized statement by the student attesting that the immunization requirement conflicts with with the student's religious beliefs (see reverse).
- 2) A statement signed by a legally authorized representative of a religious group or organization stating that the immunization requirement is in conflict with the tenets or practices of a religious denomination of which the student is a member. The letter from the religious representative should include their title and contact information.

Notarized Statement for Religious Exemption Request

I, the undersigned Nebraska Wesleyan University student, affirm that the immunization requirement indicated below conflicts with the tenets or practices of a recognized religious denomination or organization with which I am affiliated, or that the immunization requirement conflicts with my sincerely held personal religious beliefs.

Immunization Requirements subject to exemption request: (Please indicate):

All COVID-19 2 MMR Meningococcal

_____ Date
 Student Signature

Subscribed and sworn to before me on this _____ day of _____, 20____.

 Notary Public

STATE OF _____)
) ss.
 County of _____)

My Commission expires _____