

**Lander University Wellness Center**  
**Student Health Services**  
**Religious Exemption from Required Immunizations**

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Last Name	First Name	Date of Birth	L#	
Street Address	City	State	Zip Code	Phone Number

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**Religious Exemption**

A religious exemption may be granted based on an individual's religious beliefs. Religious beliefs include theistic beliefs, as well as non-theistic moral and ethical beliefs guiding decisions and actions sincerely held with the power of devout values. Personal preferences DO NOT constitute religious beliefs.

Students seeking a religious exemption from immunization requirements must document their exemption on this form; this form must be notarized prior to submission to the university. Students signing below acknowledge, based on their religious beliefs, as described above, administration of a vaccine or any immunizing agent(s) is in direct conflict with their personally held religious beliefs.

**Measles, Mumps, Rubella (MMR) Information**

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: [Measles, Mumps and Rubella Vaccination](#)

**Tetanus, Diphtheria, Pertussis Information (TDAP)**

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria, and Pertussis, go to the CDC's website at: [Tetanus, Diphtheria, and Pertussis Vaccination](#)

**Meningococcal Information**

Meningitis is an infection of the fluid of a person's spinal cord and the fluid surrounding the brain. Meningitis is usually caused by a viral or bacterial infection. A vaccine is available to protect against some strains of bacterial meningitis. This vaccine is required by all students; however, students may sign below to decline the vaccination. For more information on the Meningococcal vaccine, please visit the CDC website: <https://www.cdc.gov/vaccines/vpd/mening/index.html>

## Acknowledgement Statement

I have read and understand the MMR, TDAP, and/or meningococcal information above and I understand the risks and benefits of the vaccine(s). I hereby acknowledge that I have specific religious beliefs and practices, as described above, that preclude me from receiving vaccinations or immunizing agents. I further understand that, in the event of an outbreak of a vaccine preventable communicable illness on campus, **I may be required to leave campus for the complete duration of the incubation period as determined by the Centers for Disease Control and Prevention, beginning after the last case is confirmed.** Exclusion from campus includes class attendance, occupation of any university owned housing or common space, as well as participation in any university sponsored event held on campus or hosted at an off-campus site.

Signed: \_\_\_\_\_  
(Parent signature required if student is younger than 18 years old)

### Notary Public Acknowledgement

\_\_\_\_\_ Seal  
*State of* \_\_\_\_\_ *County of* \_\_\_\_\_

Sworn to and subscribed before me on

this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public of South Carolina*

\_\_\_\_\_  
*My commission expires (date)*

Please return to: Lander University Wellness Center  
Genesis Hall  
320 Stanley Avenue  
CPO Box 6045  
Greenwood, SC 29649  
Phone: (864) 388-8885  
Fax: (864) 388-8456  
E-mail: studentwellness@lander.edu

