

<b>FLORIDA</b>	<b>OFFICIAL</b>
<b>POLYTECHNIC</b>	<b>UNIVERSITY</b>
<b>UNIVERSITY</b>	<b>POLICY</b>

<b>Subject/Title:</b> Exemptions to Immunization Requirements
<b>FPU Policy Number:</b> FPU-2.0014P
<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Major Revision of Policy <input type="checkbox"/> Minor Technical Revision of Policy
<b>Date First Adopted:</b> December 15, 2015
<b>Date Revised:</b>
<b>Responsible Division/Department:</b> Student Affairs
<b>Initiating Authority:</b> Ghazi Darkazalli, Provost and Executive VP of Academic Affairs

**A. APPLICABILITY/ACCOUNTABILITY:**

This policy applies to all University students.

**B. POLICY STATEMENT:**

A student may request a permanent or temporary exemption from University immunization requirements due to medical or religious reasons. A religious exemption is presumed to be a permanent exemption from the immunization requirement.

**C. PROCEDURES:**

- 1) To request a **medical exemption**, the student must submit either:
  - a) A completed and signed Medical Exemption to the Immunization Requirement Physician Form to the University's Health Clinic, or
  - b) A completed and signed Florida Certification of Immunization Record which indicates a permanent or temporary exemption to the University's Health Clinic.
- 2) To request a **religious exemption**, the student must submit a completed and signed Religious Exemption to the Immunization Request Form to the University's Health Clinic.
- 3) The student's request will be reviewed by the University's Health Clinic and the student will be notified via the student's University email whether the request for exemption has been approved or denied.

POLICY APPROVAL	
Policy No.: <u>FPU-2.0014P</u>	
<u>Ghazi Darkazalli</u> Initiating Authority	<u>12-14-15</u> Date
<u>Kris Alhass</u> Policies & Procedures Committee Chair	<u>12-15-15</u> Date
<u>[Signature]</u> President/Designee	<u>12/15/15</u> Date
Approved by FPU BOT, if required	 Date

**Medical Exemption to the Immunization Requirement Physician Form**

**Student to complete.**

Student's Name: Last		First		UID#
Date of Birth	Age	University email address	Phone	
Street Address			City	State Zip Code

**Physician to complete.**

\_\_\_\_\_ should be granted a  permanent or  temporary (\_\_\_\_ days) exemption  
(Student name)  
from the immunization requirement for (check all that apply)  MMR  PPD/TB(Tuberculosis)  Tetanus Toxoid  
because:

- |   |  |
|---|--|
| <input type="checkbox"/> Patient is pregnant                            | <input type="checkbox"/> Patient is currently ill                                    |
| <input type="checkbox"/> Patient is breast-feeding                      | <input type="checkbox"/> Patient is on medications that contraindicate the injection |
| <input type="checkbox"/> Patient has recently been immunized            | <input type="checkbox"/> Patient has had a severe anaphylactic reaction to eggs      |
| <input type="checkbox"/> Patient has a temperature above 100 degrees F° | <input type="checkbox"/> Other (Please explain below)                                |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*An official stamp from a physician's office, clinic, or health department AND an authorized signature must appear below or this form WILL NOT be accepted\***

Official office stamp

\_\_\_\_\_  
Physician or Authorized Signature

\_\_\_\_\_  
Date

Please submit this completed form to:  
Florida Polytechnic University, Health Clinic, 4700 Research Way, Lakeland, FL 33805,  
OR e-mail to [immunizations@flpoly.org](mailto:immunizations@flpoly.org)

## **Religious Exemption to the Immunization Requirement Request**

Please check the basis for your religious exemption (Check only one)

- I certify that I am a member of an organized religious group whose tenets and/or practices prohibit me from receiving medical vaccinations.
- I certify that that I am not a member of an organized religious group, but that medical vaccinations do violate my personally held religious beliefs and/or practices.

Therefore, I request that I be enrolled without receiving the required immunizations. I understand the risks associated with failing to be immunized and request exemption from these requirements. I also understand that I may be excluded from attending classes or other activities for the duration of a vaccine preventable disease outbreak which can last up to 21 days after the last case is detected at the University.

I agree that I am completely responsible for any costs associated with my exclusion from classes or University activities. I am aware that failure to receive medically recommended or required vaccinations may increase my risk of acquiring a preventable infectious disease, and I am willing to accept such medical risk.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
UID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
University email address

Please submit this completed form to:  
Florida Polytechnic University, Health Clinic, 4700 Research Way, Lakeland, FL 33805  
OR email to [immunizations@flpoly.org](mailto:immunizations@flpoly.org)