

McLennan Community College Statement of Exemption from Immunization

Legal Name: _____ Date of Birth: _____

Chosen Name (if applicable): _____

Address: _____

Phone: _____ Student ID Number: _____

Medical Exemption:

The medical condition of the above-named person is such that the immunization would endanger their life or health.

Comments:

Physician Signature: _____ Date: _____

Physician/Practice Seal or Stamp (REQUIRED):

Religious Exemption:

The Equal Employment Opportunity Commission defines religious beliefs to include the “moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views.”

My religious beliefs as defined above exempt me from receiving the _____ immunization.

Please provide any details to help us understand your beliefs or views on the vaccine.

PLEASE NOTE: Social, political, or economic philosophies, as well as personal preferences, are not protected as religious beliefs under Title VII of the Civil Rights Act of 1964.

Signature: _____

Printed Name: _____

Date: _____

Students should note that a vaccination exemption may prevent them from working in some clinical, internship, student teaching, and other field work experience sites that may require certain vaccinations. In these cases, students' ability to complete their academic program may be delayed or hindered.