



Return this form to College Health Services,
DIF 42, One College Avenue, Williamsport, PA 17701
or FAX to 570.329.4947, or to collegehealth@pct.edu

Name _____ Date of Birth / / Age
MM DD YYYY

Address _____

Phone _____ PCT ID# _____

Parent/Guardian _____

Parent/Guardian _____

Medical Exemption *

Check only specific vaccine(s) that is or may be detrimental to the patient's health:

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal ACWY |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tdap | <input type="checkbox"/> Meningitis B |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | |

Reason for medical exemption(s) _____

This exemption will likely continue until / /
MM DD YYYY

The law requires that the student receive the vaccine(s) for which they are exempted when the vaccine(s) is no longer contraindicated.

Print Name of Health Care Practitioner Telephone

Signature of Health Care Practitioner MM DD YYYY

Religious Exemption or Other Reason **

- | | | |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal ACWY |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tdap | <input type="checkbox"/> Meningitis B |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | |

Religious Exemption (Includes a strong moral or ethical conviction similar to a religious belief.)
Parent or guardian of the above name child adheres to a religious belief whose teachings are opposed to such immunizations OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

Other Comments/Explanations _____

Student Signature MM DD YYYY

Parent/Guardian Signature (if under age of 18) MM DD YYYY

Pennsylvania Code §23.84 Exemption from Immunization.
* Medical Exemption. Children need not be immunized if a physician or designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
** Religious Exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.