



HEALTH SERVICES

BUTLER COMMUNITY COLLEGE

Request for Exemption of Immunization Requirements

Student Name: _____

Date of Birth: _____

I understand that immunization is an effective way to protect against serious preventable diseases. I also understand the risk of non-immunization, particularly in a group setting such as a community campus.

I request an exemption from Butler Community College's immunization requirement that students show evidence of immunity to:

☐ **Meningitis**

☐ **MMR**

☐ **TDAP**

for the following reason:

☐ **Religious**

☐ **Medical**

☐ **Philosophical**

I, the undersigned student, understand that if I contract any of these diseases while a student at Butler Community College, my name will be released to appropriate public health authorities including Kansas Department of Health and I will likely be confined to my living quarters, to alternative private lodging, or to a hospital isolation unit, as appropriate, during the period of communicability. I also understand that if a case of any of these diseases is diagnosed in the college community, I will likely be prohibited from attending classes or using Butler Community College facilities, INCLUDING RESIDENTIAL FACILITIES, during the incubation period of the disease at the direction of Butler Community College or appropriate public health authorities including Kansas Department of Health.

I understand the risks of non-immunization and hold harmless Butler Community College and Kansas Department of Health (including appropriate public health authorities) from any responsibility for adverse consequences of my refusal to be immunized, including but not limited to contracting one or more of these diseases, financial loss, and inability to complete course requirements.

Student Signature _____

Date _____

Parent or Legal Guardian _____

Date _____

(If student is under 18 years old)