Hartford International
UNIVERSITY FOR RELIGION & PEACE

Assistant Dean of Student Experience
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Exemption to Immunization Requirements

Name:_____ Date of Birth:_____

Exempt Immunization (Check all that apply)

☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Meningitis ☐ COVID-19

Medical Exemption

The physical condition of the above named individual is such that immunization would endanger life or health. State reasons for requesting a medical exemption

_____

_____

_____ Date_____

Healthcare Provider Signature

I understand that exemption for either medical, or age reasons may subject me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

_____ **Date**_____

Student Signature