



STUDENT HEALTH SERVICES

Affidavit for Exemption to Vaccination

The Claremont Colleges requires its students to have a complete physical examination and series of immunizations. Immunization requirements include completion of the Diphtheria, Pertussis, Tetanus primary series (DPT, Td or Tdap), and a Td booster within the last 10 years, completion of the COVID vaccine series, annual influenza vaccine, three doses of Hepatitis B (HBV), two doses of Measles, Mumps, and Rubella (MMR), Meningococcal vaccine with a booster after age 16, and two doses of Varicella Zoster (VZV) or date of chickenpox disease. Those students who request a medical or religious exemption must complete the following information, using an additional sheet if needed:

- Medical** – please indicate which vaccine(s) for which you are requesting an exemption.
- | | | | |
|--|--------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Tdap/Td/DPT | <input type="checkbox"/> COVID | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella | |

Please have your medical provider complete the following information.

Reason for exemption(s): _____

Provider Information:

Name (please print): _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

- Religious** – please indicate which vaccine(s) for which you are requesting an exemption.
- | | | | |
|--|--------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Tdap/Td/DPT | <input type="checkbox"/> COVID | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella | |

Please complete the following information.

Description of religious belief that precludes you from receiving immunizations from which you are requesting an exemption: _____

1. This affidavit verifies the student's request for exemption from the immunizations required by The Claremont Colleges because it conflicts with the tenets and practices of a recognized church, religious denomination or recognized religious organization of which the applicant is an adherent or member or due to a documented medical condition.
2. Prior to admission, for the protection of those on campus, all students, even those claiming exemption to other immunizations, must provide proof of freedom from tuberculosis by completing the TB screening questionnaire.

I have read and understand all of the above exemptions/requirements and agree to provide all necessary documentation prior to admission. I acknowledge that submission of this form does not automatically exempt me and is subject to approval by my campus.

Name: _____ Date of Birth: _____

Campus: _____ Date: _____

Signature: _____

Serving: Pomona College 1887 • Claremont Graduate University 1925 • Scripps College 1926 •
Claremont McKenna College 1946 • Harvey Mudd College 1955 • Pitzer College 1963 • Keck Graduate Institute 1997

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