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. Once your form has been completed, mail it directly to Student Health Services at 757 College Way, Claremont, CA 91711, fax it to (909) 621-8472 or upload your forms and medical records directly. Link to upload forms can be found at https://bit.ly/2WfXt3n.

☐ Medical – please indicate which vaccine(s) for which you are requesting an exemption.
  - Tdap/Td/DPT
  - COVID
  - Hepatitis B
  - Influenza
  - Meningococcal
  - MMR
  - 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.
  - Tdap/Td/DPT
  - COVID
  - Hepatitis B
  - Influenza
  - Meningococcal
  - MMR
  - 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: ___________________________