



Office of Student Health Services

**Immunization Requirement  
(Religious Exemption Form)**

**Student Information**

Last Name		First Name		Middle Initial	Birthdate
Street address	City	County	Zip Code	Home Telephone	
Parent/Guardian's Name			Parents/Guardian's Work Telephone		

**Religious Exemption**

A religious exemption may be granted to any student with religious beliefs including those that are theistic, non-theistic, moral and ethical in nature, but must have recognized tenets and practices. Personal preferences do not constitute a religious belief. A written statement must be submitted that clearly explains why the immunization is contrary to the individual's religious doctrine and belief. If the student is a minor, a parent signature must be included on the written statement.

**Measles, Mumps, Rubella Information (MMR)**

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: <http://www.cdc.gov/vaccines/vpd-vac/measles>.

**Tetanus, Diphtheria, Pertussis Information (TDAP)**

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria and Pertussis, go to the CDC's website at: <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td-DT/Tdap.htm>.

**Acknowledgment Statement**

I have read and understand the MMR and TDAP Information above and I understand the risks and benefits of the MMR and TDAP vaccines.

I acknowledge that for religious exemptions, in the event of an outbreak on campus, I may be required to leave campus for up to two weeks after the last case is confirmed. I further understand that the University is not responsible for any classes missed or other academic consequences that may arise due to my mandatory absence from campus, and any fees, including but not limited to on-campus housing and meal plans are nonrefundable.

I hereby acknowledge that I have specific religious beliefs, outlined in the attached statement, that preclude me from receiving vaccinations.

Signed: \_\_\_\_\_  
(Parent signature required if student is younger than 18 years old.)

**Please return this form to below address six weeks prior to registering for classes:**

Coastal Carolina University, Student Health Services, 251 University Boulevard, Conway, SC 29526  
Phone: (843) 349-6543; Fax: (843) 349-6546