



## **Holton Health and Wellness Center**

### EXEMPTION FROM VACCINATION REQUIREMENTS

I have received your request to sign an exemption from vaccination requirements. I have enclosed the form you need to return to us. You DO need a TB skin test. This is not an immunization, but a screening tool, and is required. Once you have sent documentation that the TB skin test has been done and is negative, and once you have returned the waiver form, you will be cleared for housing.

Please be aware that the Cross Cultural Studies program is a required program for graduation. You will be limited to only certain trips if you have no childhood immunizations on record. This is not only for your protection, but for the protection of others.

Please let me know if you have any questions and if we can be of any further assistance to you.

Mary Rick, CPNP, CFNP  
Executive Director, Holton Health and Wellness Center  
Spring Arbor University  
106 E. Main St.  
Spring Arbor, MI 49283  
[maryrick@arbor.edu](mailto:maryrick@arbor.edu)  
517-750-6352: Phone  
517-750-6625: Fax



## Holton Health and Wellness Center

### REQUEST FOR EXEMPTION FROM VACCINATION REQUIREMENTS

#### Risks of Non-Immunization

Immunization is a safe and effective way to protect yourself against vaccine-preventable diseases that can hurt, cripple, and even kill. Please refer to your primary care provider or the Centers for Disease Control and Prevention (CDC) website, [www.acha.org](http://www.acha.org), if more information is needed.

I understand the risks of non-immunization and have had a chance to discuss this with a medical provider.

I request exemption from the immunization requirements at Spring Arbor University because they are contrary to my religious or personal beliefs. I agree to hold Spring Arbor University harmless in the event of any illness or injury resulting from my noncompliance with this requirement. I understand that in the case of an outbreak of a vaccine preventable communicable disease, I may be temporarily excluded from classes, residence halls, and or the campus of Spring Arbor University at the direction of the Medical Director. I also understand that the make up of classes due to such absences are at the discretion of each professor.

*Immunizations Waived:*

---

---

---

*Print Name/ Signature:*

*(Date)*

*Witness Signature:*

*(Date)*