Office of Student Health Services

Immunization Requirement
(Religious Exemption Form)

**Student Information**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Birthdate</th>
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<th>County</th>
<th>Zip Code</th>
<th>Home Telephone</th>
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Parent/Guardian’s Name: ____________________________

Parents/Guardian’s Work Telephone: ___________________

**Religious Exemption**

A religious exemption may be granted to any student who signs below acknowledging specific religious beliefs and practices that preclude the student from receiving vaccinations. Please mail or fax this form to Coastal Carolina University’s Student Health Services along with documentation from a clergy member stating that you have specific religious beliefs and practices that preclude you from receiving vaccinations.

**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](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](http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td-DT/Tdap.htm).

**Acknowledgement 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 hereby acknowledge that I have specific religious beliefs and practices 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, 204 University Boulevard, Conway, SC 29526

Phone: (843) 349-6543; Fax: (843) 349-6546