



You Can Get There From Here.

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VACCINATION DECLINATION WAIVER FORM

Students, staff, and faculty in the Health Sciences (HS) Division are required to provide documentation of vaccination and/or immunity to several diseases. The Howard Community College (HCC) follows CDC guidelines for Health Care Workers (HCW) and those of clinical affiliates when establishing the list of diseases. Faculty, staff, and students attending affiliate agencies must adhere to the policies and procedures as specified in the contract between HCC and the agency. Depending upon the disease, immunity is demonstrated through the use of blood work (titers) or is assumed through proof of immunizations.

Waivers are used when an individual is unable or unwilling to be vaccinated. It is important to understand that in the event of a waiver, for whatever reason, the health sciences programs within the HS Division MAY NOT be able to find a clinical placement for the student and the student may not be able to complete their program of study because of this.

This Vaccination Declination/Waiver Form is for those persons who do not meet our published requirements.

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ HCC College ID #: \_\_\_\_\_

Program of study / Semester / Year of enrollment: \_\_\_\_\_

I AM SIGNING A DECLINATION WAIVER FOR: (check all that apply)

- Measles, mumps and rubella (MMR) Polio
Varicella (Chicken Pox) Hepatitis B Meningitis Seasonal Flu
Other

Further, I certify that: (Place a check in the applicable space below).

- I am exempt from the requirement and have a written statement from a licensed physician, which indicates that the vaccine is medically contraindicated. (REQUIRED)
The administration of the vaccine conflicts with my moral or religious tenets. Please list religious affiliation (A LETTER FROM RELIGIOUS LEADER IS REQUIRED.)
I am exercising a personal choice to not be vaccinated and decline to state any other reason.

I understand that an exemption from vaccination requirements, regardless of the reason, may inhibit my ability to attend required clinical activities at agencies affiliated with the Howard Community College Health Sciences Division programs. I understand that affiliated clinical agencies have the right to deny access to their institution because of vaccination exemption. I fully understand that I may not be able to meet program completion requirements and may be unable to complete or graduate from my program of study.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_