



All incoming students must complete their Immunization Information online and comply with all the required immunizations. For students who are not in compliance, a hold may be placed on the course validation process and they will not have card key access to non-residence hall buildings.

If you would like to receive an exemption due to medical or non-medical reasons, the appropriate section below must be completed and the form returned to the Hamre Center. A scanned copy of the the completed, signed document can be emailed to health@macalester.edu, however for the **Non-medical Exemption, a hard copy of the notarized document** must also be sent to the Hamre Center (Hamre Center; ATTN: Exemption Form; 1600 Grand Avenue; St. Paul, MN 55105).

Medical Exemption:

By my signature below, I confirm that this person should not receive the following vaccines (including laboratory confirmed immunity)

Vaccines contraindicated:

Reason for Medical Exemption:

Signature of medical provider :

_____ Date: _____



Non-medical Exemption

Must be notarized

Must be filled out if unable to meet required immunization due to non-medical reasons.

An individual is not required to have an immunization that is against their beliefs. However, choosing not to vaccinate may put the health or life of you or others you come in contact with at risk. Unvaccinated students who are exposed to a vaccine-preventable disease may be required to stay home from classes, educational activities and other Macalester events/activities in order to protect them and others.

Briefly Describe the belief or practice that necessitates this request:

By my signature and notarization, I confirm that I will not receive the vaccine(s) listed below. I attest that my beliefs and practices leading to this request are sincerely held. I understand that Macalester may need to obtain supporting documentation to further evaluate my request for an exemption. I am aware that in order to protect myself and/or others I may be required to stay home from classes, educational activities and other Macalester events/activities if exposed to a vaccine-preventable disease.

List vaccine(s):

Choosing to forgo vaccination puts one at risk for disease with the associated risk of long-term medical problems or death. Individuals who elect not to be vaccinated may put themselves and others they interact with at risk.

I have chosen NOT to be vaccinated and therefore I accept the consequences and assume the risks associated with this decision. I may be exposed and become ill. I agree to hold Macalester College and its employees harmless from the consequences or effects caused by such illness.

My voluntary signature below demonstrates my understanding and assumption of these risks

Student Signature (or parent/guardian if under 18 years of age):

Subscribed and sworn to before me on the _____ day of _____, 20____.

Signature of Notary