## North Idaho College Housing Immunization Requirements Exemption

Resident's Name:

Student ID:

In the event of a disease outbreak, a student exempted from NIC immunization requirements may be removed from housing for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

Diphtheria (DTaP, Tdap, Td)	Hepatitis B			
Tetanus (DTap, Tdap, Td)	Hepatitis A			
Pertussis (Whooping Cough) (DTaP, Tdap)	Meningococcal     Date			
Measles (MMR) Date Date	□ Varicella Disease History: / have had chickenpox but was not diagnosed by a licenses			
Mumps (MMR)  Date Date	healthcare professional.			
Rubella (German Measles) (MMR)	All required immunizations			
Date				
I decline to provide details regarding my exemption status. NOTE: You will be considered exempt from all required school immunizations.				

**MEDICAL EXEMPTION** (*This exemption requires the signature of a licensed physician.*)

As the resident's physician, I certify that the physical condition of this student is such that the immunization(s) checked above would endanger the health of this student.

This medical exemption is permanent.

This medical exemption is temporary.	Duration of temporary exemption:	1	/
This medical exemption is temporary.			

I hereby request that this student be exempted from the Immunization Requirements for NIC Residence Hall occupancy due to a medical condition for which immunizations are contraindicated.

Name of Physician

Signature of Physician

Date

## IF STUDENT IS UNDER 18 YEARS OF AGE:

As the student's parent/guardian, I understand that in the event of a disease outbreak, the resident may be removed from the residence hall for the duration of the outbreak.

Name of Parent/G	uardian
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Signature of Parent/Guardian

Date

Full Name of Exempted Resident

Resident's Date of Birth

## **RELIGIOUS/OTHER EXEMPTION**

I am exempting myself for religious or other reasons. I understand that in the event of a disease outbreak I may be removed from the residence hall for the duration of the outbreak.

Student Name (PRINT)	Student Signature	Date
IF UNDER 18 YEARS OF AGE:		
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date
OPTIONAL STATEMENT: PLEASE FIL	L IN THE SPACE BELOW, OR ADD THE ATTA	CHMENT, WHEN SENDING IN THE FORM.
Student Name (PRINT)	Student Signature	Date
IF UNDER 18 YEARS OF AGE:		
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date

Please return this completed form, and any attachments to:

North Idaho College ATTN: Health Services 1000 W Garden Avenue Coeur d'Alene, ID 83814