North Idaho College Housing Immunization Requirements Exemption Student ID: Resident's Name: 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. Hepatitis B ■ Diphtheria (DTaP, Tdap, Td) Date Date Hepatitis A ☐ Tetanus (DTap, Tdap, Td) Date Date Pertussis (Whooping Cough) (DTaP, Tdap) Meningococcal Date Date ■ Measles (MMR) ■ Varicella Disease History: Thave had Date chickenpox but was not diagnosed by a licenses Mumps (MMR) healthcare professional. Date Date Rubella (German Measles) (MMR) All required immunizations Date Date Polio 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: ____/__ 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/Guardian Signature of Parent/Guardian Date Full Name of Exempted Resident Resident's Date of Birth

☐ RELIGIOUS/OTHER EXEMPT	TION	
	religious or other reasons. I understand the residence hall for the duration of the outbo	
Student Name (PRINT) IF UNDER 18 YEARS OF AGE	Student Signature	
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	 Date
OPTIONAL STATEMENT: PLEASE	FILL IN THE SPACE BELOW, OR ADD THE ATTACHN	NENT, WHEN SENDING IN THE FORM.
Student Name (PRINT) IF UNDER 18 YEARS OF AGE:	Student Signature	Date
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