We are requesting that our son/daughter: ____________________________________, be exempted from the following immunizations as required by Cairn University, for the school year_____________________________.

Student’s Signature (if 18 or older): ____________________________ Date: ____________________________

Parent/Guardian: __________________________________________ Date: ____________________________

Please checkmark all which apply:

- [ ] MMR #1
- [ ] MMR #2
- [ ] Tetanus/Diptheria Booster
- [ ] Polio Vaccine #1
- [ ] Polio Vaccine #2
- [ ] Polio Vaccine #3
- [ ] Polio Booster
- [ ] Hepatitis #1
- [ ] Hepatitis #2
- [ ] Hepatitis #3
- [ ] Varicella #1
- [ ] Varicella #2

According to 28 Pa. Code 23.92 (b), a letter in writing stating moral and or ethical beliefs must accompany this form.