University of Bridgeport
Student Health Services

STATEMENT OF MEDICAL EXemption TO IMMUNIZATION LAW

Instructions for Medical Exemption: Have Healthcare provider fill out reason for medical exemption, date and sign statement. Student or Parent/Guardian must also read, date and sign statement. Fax this form to: 203-576-4715 or scan and email to Healthservices@bridgeport.edu.

Last Name:_________________ First Name:______________________ ID:_______________

Medical Exemption
The physical condition of the above named individual is such that immunization would endanger life or health.

State reasons for requesting a medical exemption:______________________________

Date _______________ Healthcare Provider Signature_____________________

I understand that exemption for either medical, religious or age reasons subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Date _______________ Student Signature_____________________
Parent or guardian signature if student is under 18 years old
STATEMENT OF RELIGIOUS EXEMPTION TO IMMUNIZATION LAW

Instructions for Religious Exemption: Student or Parent/ Guardian must read, date and sign statement. Fax this form to: 203-576-4715 or scan and email to Healthservices@bridgeport.edu.

Last Name:_________________First Name:__________________ID:________________

Religious Exemption
(Includes a strong moral or ethical conviction similar to a religious belief)
The above named individual adheres to a religious belief whose teachings are opposed to such immunizations.

I understand that exemption for either medical, religious or age reasons subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Date____________________ Student Signature________________________
Parent or guardian signature if student is under 18 years old