



Affidavit for Exemption to Vaccination

Claremont Graduate University requires its students to submit proof of vaccination, or receive approval for an exemption of immunizations. Immunization requirements are listed online at my.cgu.edu/health-insurance/home/immunizations-vaccinations/. Those students who request a medical or religious exemption must complete the following information, using an additional sheet if needed. Once your form has been completed, upload it directly to American Database. Link to upload forms can be found at <http://cgucompliance.com/>.

- Medical** – please indicate which vaccine(s) for which you are requesting an exemption.
 - Tdap/Td/DPT
 - COVID
 - Hepatitis B
 - Influenza
 - Meningococcal
 - MMR
 - Varicella

Please have your medical provider complete the following information.

Reason for exemption(s): _____

Provider Information:

Name (please print): _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

- Religious** – please indicate which vaccine(s) for which you are requesting an exemption.
 - Tdap/Td/DPT
 - COVID
 - Hepatitis B
 - Influenza
 - Meningococcal
 - MMR
 - Varicella

Please complete the following information.

Description of religious belief that precludes you from receiving immunizations from which you are requesting an exemption: _____

1. This affidavit verifies the student’s request for exemption from the immunizations required by The Claremont Colleges because it conflicts with the tenets and practices of a recognized church, religious denomination or recognized religious organization of which the applicant is an adherent or member or due to a documented medical condition.
2. Prior to admission, for the protection of those on campus, all students, even those claiming exemption to other immunizations, must provide proof of freedom from tuberculosis by completing the TB screening questionnaire.

I have read and understand all of the above exemptions/requirements and agree to provide all necessary documentation prior to admission. I acknowledge that submission of this form does not automatically exempt me and is subject to approval by my campus.

Name: _____ Date of Birth: _____

Campus: _____ Date: _____

Signature: _____