Prematriculation Immunization Declination Statement

Effective Fall Semester 2003, all incoming Emory students must meet the CDC and American College Health Association immunization guidelines prior to registration for classes. However, Emory Student Health Services (EUSHS) is aware that some students have a strong objection to vaccination with one or more of the required vaccines (due to age, religious preference, previous reactions to vaccinations, vaccinated in the past but unable to find documentation, or the like). Under those circumstances, EUSHS requires that the student decline the required vaccination and accept by signature the possible risks associated with refusing vaccination. Please note that the Tuberculosis (TB) Screening Requirement (for health sciences students and international students from specific TB endemic countries) cannot be declined.

Student Name: ___________________________________  Emory ID#: __________

☐ Measles/Mumps/Rubella (MMR) Vaccine Declination

I understand that Measles, Mumps and Rubella are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against Measles, Mumps and Rubella. However, I decline MMR vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring these diseases. I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune. Furthermore, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the Emory campus, and I have not established my immunity by documented vaccinations or by antibody titers, I will be removed from all campus activities (including residence facilities and classes) until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

Student Signature: ________________________________  Date: ____/____/____

☐ Hepatitis B Vaccine Declination

I understand that Hepatitis B virus (HBV) is a serious, vaccine-preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against HBV. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. I also understand that, if I have already been vaccinated against Hepatitis B but cannot locate my documentation, I could have a blood test (antibody titer) to prove my immunity. However, I decline the blood test at this time. If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

Student Signature: ________________________________  Date: ____/____/____
☐ Tetanus/Diphtheria Toxoid Declination

I understand that Tetanus and Diphtheria are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be immunized against Tetanus and Diphtheria. However, I decline TD immunization at this time. I understand that by declining this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with TD toxoid, I understand that I can receive the immunization series at EUSHS on a fee-for-service basis.

Student Signature: ___________________________ Date: _____/____/_____

☐ Varicella (Chicken Pox) Vaccine Declination

I understand that Varicella (Chicken Pox) is a potentially serious, vaccine-preventable disease. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students without a history of previous Varicella be vaccinated against the disease. However, I decline Varicella vaccination at this time. I understand that by declining this vaccine, I may continue to be at risk of acquiring Varicella. Furthermore, I understand that if an outbreak of Varicella were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be vaccinated with Varicella vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

Student Signature: ___________________________ Date: _____/____/_____