

**NHTI, Concord's Community College  
Health Services  
CERTIFICATE OF VACCINATION EXEMPTION**

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

Student ID \_\_\_\_\_

The administration of immunizing agents conflicts with the above named student's **religious or personal** beliefs.

The above student is unable to have the following vaccines \_\_\_\_\_

\_\_\_\_\_ due to the following **medical** issue: \_\_\_\_\_

I understand that in the occurrence of an outbreak of vaccine-preventable disease that the Director of Health Services may exclude this student from participation in sports, clinical, class or residence halls for the period of time that the Director of Health Services deems necessary.

\_\_\_\_\_  
Student Signature (guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date