



SCHOOL OF NURSING

Vaccination Exemption Acknowledgment

I, _____ (please print student full name), understand as a student in the School of Nursing at Purdue University I have the opportunity to submit an exemption request for otherwise-required vaccinations on the grounds of a valid medical reason and/or a sincerely held religious belief. I also understand the practice partners for my clinical hours have their own policies and may or may not accept a medical and/or religious exemption. In-person clinical hours are required to complete a BSN degree from Purdue University and to be eligible for licensure by the Indiana State Board of Nursing. I acknowledge I have been advised there is a possibility that a practice partner clinical site may reject a medical and/or religious exemption otherwise approved by the University and that, if so, I may be unable to participate in a clinical rotation(s). I understand that if this were to occur, my plan of study could be delayed or even halted permanently.

I acknowledge I am

_____ over the age of 18
_____ the legal guardian of above student

Printed guardian name

Signature _____

Date _____

Address _____
