



hours) report and disclose to the Student Health Center any positive test result or confirmed diagnosis I receive for any of the Select Diseases and comply with any temporary restrictions, adjustments, or other measures implemented or requested by FSC to protect students and other members of the FSC community;

- H. That if I am excluded from classes, housing, the campus, or other FSC-related activities due to the outbreak of a Select Disease or my contracting a Select Disease, I may not be eligible for withdrawal or refund of tuition or other charges;
- I. That in consideration of FSC accepting this form in lieu of proof that I have received the required vaccines, I hereby release FSC and its trustees, officers, employees, agents and

DVV LJQV WKH 35HOHDVHHV' DQG IRUHYHU ZDLYH DQG GLVFK
liabilities, damages, expenses, actions or causes of action, suits, and attorney fees and costs of any nature, whether at law or in equity, known or unknown, that I have or may have against the Releasees arising from or related to my decision to decline obtaining vaccination against the Select Diseases.

The type of exemption I am claiming is:

- ' Religious , and I hereby affirm that I have a sincerely held religious belief or practice with which immunization for one or more of the Select Diseases conflicts.
- ' Medical , and I hereby affirm that a health care professional has determined I should not be immunized for one or more of the Select Diseases due to health reasons. A statement from the health care professional who made that determination is attached with my submission of this form.

I DECLINE TO OBTAIN THE FOLLOWING REQUIRED VACCINATIONS (check each declined):

- ' MMR (measles, mumps, rubella)
- ' Hepatitis