

COMMONWEALTH UNIVERSITY (CU) HEALTH SERVICES VACCINATION ACKNOWLEDGEMENT FORM

Per the American College Health Association (ACHA), "Outbreaks of communicable diseases cause great disruption and emotional and financial burdens for campuses, students, and their families. Assuring compliance with the vaccines recommended by the Centers for Disease Control (CDC) is particularly important in preventing disease clusters and outbreaks on campus and is essential for maintaining the academic missions of colleges and universities." Student Health Services (SHS) strongly recommends proof of your childhood vaccinations, but is not required for attendance.

Check the box(es) next to the vaccination(s) and/or screening you are declining or opting out from:

- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Varicella (Chicken Pox)
- ☐ Tdap (Tetanus, Diphtheria, Pertussis) or Td (Tetanus, Diphtheria)
- ☐ Meningococcal (ACWY)
- ☐ Tuberculosis (TB) screening
- ☐ Other:

If I choose to decline or opt out of the above:

- I can access the recommended CDC vaccination schedule at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
- I understand that if I am deemed high risk for tuberculosis (TB) then further screening or testing is strongly recommended.
- I will consult with my health care provider and utilize the CDC resource at <https://www.cdc.gov/vaccines/index.html> to understand my potential risks.
- I will review the *CU Student Statement of Understanding (SOU)* which is located on the Student Health Services webpage www.commonwealthu.edu/health and the Housing and Residence Life webpage <https://www.commonwealthu.edu/offices-directory/housing-and-residence-life>
- I will follow the PA Department of Health (DOH) infectious disease recommendations and guidelines which may include the need to leave classes and campus.
- I understand that the Commonwealth University is not obligated to provide housing for me during times of isolation or quarantine.
- I, not the University, will assume full responsibility for any costs incurred for vaccinations, future testing and/or medical treatment.
- I am aware that there may be opportunity for vaccination and I can discuss these options with my home medical provider and/or the CU SHS staff.

I acknowledge and understand the above information.

Electronic signature of student: _____ CU ID# _____

Date of electronic signature: _____