



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

DVVLJQV WKH 35HOHDVHHV' DQG IRUHYHU ZDLYH DQG GLVFK  
liabilities,