TEMPORARY AUTHORIZATION TO EXTEND IMMUNIZATION REQUIREMENT DEADLINE

the student is under the age of 18 or otherwise not legally competent to sign this form, a parent or legal guardian must sign. By signing and submitting this form to FSC, I acknowledge and agree:

- B. That I understand the serious and even life-threatening consequences of contracting the Select Diseases. I also understand that health care professionals and organizations, including the U.S. Centers for Disease Control, recommend that students receive vaccinations for the Select Diseases:
- C. That while I work on completing all required vaccinations, I may continue to be at risk of contracting these diseases and serious health consequences that may result:
- D. That while I work on completing all required vaccinations, I may be ineligible to participate in certain programs or activities due to the particular vaccination requirements for such programs and activities, and that this ineligibility and its related consequences may have an impact on my ability to complete degree requirements and/or on my future career opportunities, particularly in certain health-related fields:
- E. That in the event of an outbreak of a Select Disease, FSC reserves the right to exclude me from living in FSC housing, attending classes, being on the campus, and participating in all FSC-related activities until appropriate health care professionals determine the outbreak is controlled:
- F. That FSC may disclose my non-vaccination status to appropriate persons in the event of a situation involving imminent danger to students or other members of the FSC community for which information about

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