

## Immunization Waiver Form

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Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate the reason you are waiving immunizations:

**For health reasons** I should not receive the following immunizations:

\_\_\_\_\_

Please list health reason:

\_\_\_\_\_

**For religious reasons** I should not be immunized.

**For personal conviction reasons** I should not be immunized.

Signature of student  $\geq$  18 yrs of age \_\_\_\_\_ Date \_\_\_\_\_

**Please note that students who have not been immunized may be excluded from campus if an outbreak of a vaccine preventable disease occurs. Students that complete a waiver will still be required to have weekly COVID-19 testing and to quarantine if exposed to COVID-19.**