

**Anderson University Health Services  
Immunization Waiver Form**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone Number \_\_\_\_\_ Student ID \_\_\_\_\_

Complete the portions below **ONLY** if you refuse to be immunized because of medical, religious or personal objections.

**Medical Exemption**

For students who request medical exemption from immunization requirement. Requires Physician verification: *if this student has had LIMITED or NO immunizations due to medical contraindications, please explain; include duration of condition that contraindicates the vaccine(s) and forward abstract of medical records.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**Personal Objection**

For students who request exemption from immunizations for personal reasons, please state the basis of your objection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exemption on Religious Grounds**

State law permits exemption from verification for people who object to immunizations on religious grounds.

Check box if applicable:

By signing below, I verify that I have received information recommending immunizations. Due to the above stated reasons, I have elected to not take the vaccine(s). Anderson University will not be held liable should I contract the disease. I understand that in the event of a vaccine preventable disease on campus, I will be treated as susceptible and advised to be immunized. I may be barred from campus for a minimum of two (2) weeks or until such time as is specified by the Madison County Health Department Director/ Administrator.

Printed Name of Student (or guardian) \_\_\_\_\_

Signature of Student (or guardian) \_\_\_\_\_ Date \_\_\_\_\_