



Statement of Exemption to College & University Student Vaccination Act

Health & Wellness Center

Student's Name _____

Date of Birth _____

Parent or Guardian (if under 18) _____

Address _____

Phone (_____) _____

I have been given a copy and have read, or have had explained to me, the information. In the Meningococcal Vaccine Information sheet for Meningococcal disease. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the required vaccine. However, I am requesting exemption for Senate Bill No, 955, the College and University Student Vaccination Act.

Medical Exemption

The physical condition of the above named student is such that immunization would endanger life or health.

Signed _____ Date _____
(Physician Signature)

Religious/Other Exemption

I, _____ for religious or other reasons, am requesting exemption from such immunization.

Signed _____ Date _____
(Student Signature)