Medical Waiver

If the student cannot be immunized for medical reasons, please have your physician complete and sign this form. The completed form must be received by the school prior to the student’s enrollment.

I attest that in my medical opinion __________________________________ cannot be immunized against __________________________________ as required by the Wright State University Immunization Policy, because such Immunizations would be injurious to the health or well being of the student or a member of the student’s family or household.

Date: ________________________  Physician’s Signature: ________________________

Religious Waiver

If immunization conflicts with religious beliefs and convictions, you must present to the university a notarized statement indicating that the required immunizations conflict with such religious practice or belief. This document must be received by the university prior to the student’s enrollment.

I, __________________________________, attest that because of religious beliefs I do not want myself, or ________________________ (Student’s Name) ____________ (Student if 18 years older, Parent/Guardian) immunized against:

Check Appropriate boxes:

☐ Measles  ☐ Mumps  ☐ Rubella

☐ Tetanus/Diphtheria  ☐ TB Skin Test

☐ All of the above

Because such immunizations:

☐ Conflict with the tenets and practices of a recognized religious denomination of which the student is an adherent or member.

☐ Conflict with the personal and sincerely followed beliefs of ________________________ (Student’s signature is required if not a minor)

Date: ________________________  Parent/Guardian: ________________________

Date: ________________________  Student: ________________________  (Student’s signature is required if not a minor)

Date: ________________________  Notary: ________________________