



WRIGHT STATE UNIVERSITY

Student Health Services
118 Frederick A. White Health Center
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2552
FAX (937) 775-3260

College of Nursing and Health,
Office of the Vice President
for Student Affairs and Enrollment Services

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
(Student's Name)

against _____ as
(List Diseases)

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 if 18 years older, Parent/Guardian)

_____ immunized against:
(Student's Name)

Check Appropriate boxes:

- Measles Mumps Rubella
- Tetanus/Diphtheria TB Skin Test
- All of the above

Because such immunizations: (Check all that apply)

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: _____