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## HEALTH SERVICES

Phone: 608-796-3806 | Fax: 608-796-3803 | [HealthServices@viterbo.edu](mailto:HealthServices@viterbo.edu)

## IMMUNIZATION WAIVER FORM

\_\_\_\_\_  
Name of student (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (City, State, Zip)

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Student ID Number

Type of Exemption (Please check one)

☐ **MEDICAL CONTRAINDICATION:**

Please attach a signed letter from your medical provider on letterhead, outlining medical contraindications.

☐ **RELIGIOUS OBJECTION:**

Please attach a signed letter from your religious leader on letterhead, outlining religious objections.

☐ **PERSONAL OBJECTION:**

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the immunization requirements for Wisconsin and Viterbo University. I have written a brief summary of my objections in the space below. I also understand that in the event of a disease outbreak at the university, I may have to be excluded, as appropriate, for my protection and for the protection of other students at the university.

Briefly summarize your objections in this space:

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

Please check which immunizations this exemption applies to:

- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Tetanus-Diphtheria (Td)
- ☐ Hepatitis B
- ☐ Polio
- ☐ Other Immunizations: Please list: \_\_\_\_\_

\_\_\_\_\_  
Signature of student or parent if student is a minor

\_\_\_\_\_  
Date