



IMMUNIZATION WAIVER

I am requesting an exemption from the following immunization(s): *(check all that apply)*

- MMR (Measles, Mumps, Rubella)
 DTP (Tetanus, Diphtheria, Pertussis)
 Meningitis
 TB Test

Exemption requested: *(check all that apply and complete the appropriate section(s) below)*
 Medical
 Religious

Student Name _____ Date of Birth _____
 Parent/Guardian Name (if under 18) _____
 Street Address _____
 City, State, Zip _____ Telephone _____

I understand that I am subject to exclusion from Point Park University's campus in the event of an outbreak of disease for which I am not vaccinated. I have read and understand the information about these diseases and the risks involved and for the reason(s) listed below, I choose not to be vaccinated.

Student Signature _____ Date _____
 (Parent/Guardian if student is a minor)

Medical Exemption

Due to a physical condition, such that immunization would detrimental to his/her life or health, I have advised the above-named student that he/she should not be vaccinated for the immunization(s) indicated above.

Name of Physician _____ Phone Number _____
 Physician Address _____
 Physician's Signature _____ Date _____

Religious Exemption

- I adhere to a religious belief whose teachings are opposed to immunizations.
 I object to the immunization(s) on the basis of a strong moral or ethical conviction.

State your reason for requesting a religious exemption: _____

(continue on back or attach a separate sheet if necessary)

Student Signature _____ Date _____
 (Parent/Guardian if student is a minor)

Name of Point Park University Student Health Center Official _____
 University Official Signature _____ Date _____