

(if student is under 18)

Immunization Exemption Form

Student Name:	Student ID #:
Phone #:	Date of Birth:
Medical Exemption: This section is for students who have beer receive certain immunizations due to an allergy or anaphylactic reactions due to an allergy or anaphylactic reaction.	
Check only the specific vaccine(s) that you are providing a medical exemption for:	
Measles, Mumps, Rubella (MMR)	
Tetanus, Diphtheria, Pertussis (TDAP)	
Meningitis	
Reason for medical exemption(s):	
Provider name printed:	Phone #:
Provider signature:	Date:
Religious Exemption: A religious immunization exemption may be granted to any student with specific religious beliefs and practices that preclude the student from receiving immunizations.	
Check all that apply:	
All immunizations	
Measles, Mumps, Rubella (MMR)	
Tetanus, Diphtheria, Pertussis (TDAP)	
Meningitis	
I hereby acknowledge that Grace College will not be held liable in th have not been immunized for. I further understand in the event of an campus for a period of time specified by a healthcare provider.	
Signature of student:	Date:
Signature of guardian:	Date: