



Immunization Exemption Form

Student Name: _____ Student ID #: _____

Phone #: _____ Date of Birth: _____

Medical Exemption: This section is for students who have been told by their physicians that they are not to receive certain immunizations due to an allergy or anaphylactic reaction to a vaccine or ingredient in a vaccine.

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 the event I contract a disease on campus that I have not been immunized for. I further understand in the event of an outbreak on campus, I may be required to leave campus for a period of time specified by a healthcare provider.

Signature of student: _____

Date: _____

Signature of guardian: _____
(if student is under 18)

Date: _____