

# Indiana State University Immunization Waiver Form

Student Name \_\_\_\_\_ University ID Number \_\_\_\_\_

Complete and return form to the Office of the Registrar ONLY if you are claiming one of the following exemptions:

## Medical Exemption

Requires a health care provider verification (or attachment): Statement should indicate the nature and probable duration of a medical condition or circumstances that contraindicates an immunization. Also, please select the specific vaccine(s) that could be detrimental to the student's health below.

Printed Name of Physician \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Office Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Measles  Mumps  Rubella  Tetanus/Diphtheria  Meningitis Conjugate  Meningitis B

## Religious Exemption

State law permits exemption from verification for people who object to immunizations on religious grounds.  
Please check box if applicable:

By signing below, I verify that I have received information recommending immunizations and understand immunizations are required for admission by the State of Indiana and Indiana State University. I also acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. Due to the above stated reasons, I have elected to not take the vaccine(s). Indiana State University will not be held liable in the event I contract a vaccine preventable disease on campus. I understand I may be treated as susceptible, advised to be immunized, and possibly barred from campus until such time as may be specified by a health care provider, the Indiana State Department of Health, and the Vigo County Health Department.

Printed Name of Student (or guardian) \_\_\_\_\_

Signature of Student (or guardian) \_\_\_\_\_ Date \_\_\_\_\_