

# Western Connecticut State University Health Service

## Statement of Exemption to Immunization Law

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_

Local /Campus Address: \_\_\_\_\_

Local/Campus Phone: \_\_\_\_\_

Date Entering WCSU: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### **Statement of Exemption to Immunization Law**

#### **Medical Exemption**

The physical condition of the above named person is such that immunization would endanger life or health or is contraindicated due to other medical conditions.

Print Health Provider's Name: \_\_\_\_\_

Signature of Health Provider: \_\_\_\_\_ Date: \_\_\_\_\_

### **Statement of Exemption to Immunization Law**

#### **Religious Exemption**

(includes a strong moral or ethical conviction similar to a religious belief)

The above named individual adheres to a religious belief whose teachings are opposed to such immunizations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that exemption for either a *medical* or a *religious* reason subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian, if student is under 18 years of age

original to chart / copy to file  
rev 8/09