



HEALTH &
WELLNESS
SERVICES

Immunization Waiver Form

Referencing Wisconsin State Statute 252.04 (3) and Wisconsin Department of Health Services Administrative Code 144.05 (16) (c), I am waiving all vaccines as required by the St. Norbert College immunization policy.

Name _____ DOB _____
(Please print full name)

Reason for Waiver of Immunization:

_____ Health (Certified by licensed physician)

_____ Religious Waiver

_____ Personal Waiver

I understand that by waiving these required immunizations, I accept the responsibility and possibility of quarantine, (inability to attend class, utilize college services, including dining services or reside in residence hall) should a vaccine preventable disease outbreak occur.

Respectfully submitted,

Signature: _____ Date: _____

Witness: _____ Date: _____

BY WAIVING IMMUNIZATIONS, THIS FORM MUST BE SIGNED AND BROUGHT IN PERSON TO HEALTH AND WELLNESS SERVICES.