



**Student Health Services
Immunization Waiver Request**

Please print this form, complete it, and have it signed by your healthcare practitioner. Once complete, you will upload this form in the Document Upload section of your Student Health Portal at <https://westliberty.studenthealthportal.com/>

Student's Name (please print) _____ **Student ID** _____

Reason for Exemption (Check one):

_____ Religious—One or more of the required vaccines are in conflict with my religious beliefs. I have discussed the benefits and risks of immunizations with the healthcare practitioner below.

_____ Medical —One or more of the required vaccines have been determined medically NOT advisable for me by the healthcare practitioner below.

Please indicate the vaccine antigen the exemption is referring to:

_____ Measles/Mumps/Rubella

_____ Meningococcal

By signing this waiver, I 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. The diseases that vaccines protect against still exist, and can spread quickly in college/dormitory settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death. I have been informed of the risks of not receiving these vaccinations by the healthcare practitioner named below.

Student's Signature _____

Parent's Signature (if student is under age 18) _____

Date _____

Healthcare Practitioner Name (please print) _____

Title _____ Phone _____

Address _____ Date _____

Signature of Healthcare Practitioner _____