



IMMUNIZATION WAIVER FORM

Under Wis. Stat. Ann. §252.04(3), a student may only have immunization requirements waived by submitting a written objection to the immunization for health, religious, or personal convictions.

Many diseases that can be prevented by vaccination are still circulating, and some of these diseases can even result in death. Please be aware that illness and disease can be transferred very quickly in close environments such as dorms, locker rooms, and classrooms, and that by exempting yourself from vaccination requirements you may be leaving yourself highly susceptible to diseases that could be prevented through vaccination.

By submitting this form, you acknowledge that you are voluntarily placing yourself at risk of serious illness or even death should you contract an illness that could have been prevented through proper vaccination, and YOU AGREE TO ASSUME ALL OF THE RISKS ENCOUNTERED WITH WAIVING REQUIRED VACINATIONS. By submitting this form, you also agree to hold Maranatha Baptist University, its agents, and employee harmless from all liability due to your decision to waive vaccination.

I have carefully read and understand this document, I agree to the terms contained herein, and I request that Maranatha Baptist University waive the following requirements for immunizations:

For the following reason: (Circle one) Health Conviction Religious Conviction Personal Conviction

Explain the reason below:

Signature (Parent must sign if student is under 18)

Date

Print Name