



IMMUNIZATION CONSCIENTIOUS/RELIGIOUS/MEDICAL FORM

PLEASE PRINT

Name: _____
(last) (first) (middle)

Birth date: ____/____/____
(month/date/year)

CONSCIENTIOUS/RELIGIOUS - MUST BE NOTARIZED

FILL OUT IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO CONSCIENTIOUS OR RELIGIOUS BELIEF.

I do not wish to receive the required vaccine(s) for reasons of conscience/religion: ☐ **MMR** ☐ **Td/TdaP**

I voluntarily agree to release, discharge, indemnify and hold harmless Gustavus Adolphus College, its officers, trustees, employees, and agents from any and all costs and liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from my waiver of the recommended vaccination. I also assume responsibility for any transmission of the disease to others, should I become infected. I have read and signed this document with full knowledge of its significance.

*I hereby certify by **notarization** that my conscience or religious belief is opposed to immunizations.*

Student Signature (or parent/legal guardian if under 18 years of age)

Date

Notary Stamp/Signature

Date

MEDICAL EXEMPTION - MUST BE COMPLETED BY MEDICAL PROVIDER

MUST BE COMPLETED IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO MEDICAL CONTRAINDICATIONS.

The physical condition of the above-named person is such that the ☐ **MMR** ☐ **Td/TdaP**
vaccine(s) would endanger life or health, or is medically contraindicated due to other medical conditions.

Signature of Medical Professional (MD, DO, CNP, PA-C)

Date

AFFIX MEDICAL STAMP HERE:

Upload completed form to Gustavus Health Portal found at gustavus.studenthealthportal.com

**Gustavus Adolphus College | Health Service | 800 West College Ave | St Peter, MN 56082
Phone: 507-933-7630 | Fax: 507-933-6074 | email: health-service@gustavus.edu**