



IMMUNIZATION CONSCIENTIOUS/RELIGIOUS/MEDICAL FORM

PLEASE PRINT

Name: _____ Birth date: ____/____/____
Last First Middle Month Day Year

CONSCIENTIOUS / RELIGIOUS

MUST BE NOTARIZED

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

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

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

Date

Subscribed and sworn to me on the _____ day of _____, 20____.

Signature of Notary

MEDICAL EXEMPTION

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

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

Signature of Medical Professional

Date

Return to: Gustavus Adolphus College | Health Service | 800 West College Avenue | St. Peter, MN 56082
Phone: 507-933-7630 | FAX: 507-933-6074 | health-service@gustavus.edu