



## 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.*

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

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*Date*

Subscribed and sworn to me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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*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.*

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*Signature of Medical Professional*

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*Date*

*Please complete and return directly to Health Service by September 18, 2017.*

**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](mailto:health-service@gustavus.edu)**