## MARIETTA COLLEGE REQUEST FOR WAIVER FROM REQUIRED STUDENT IMMUNIZATIONS

Student ID:	
Name (Last, First, Middle): Street address:	<del></del>
City, State, Country, ZIP:	
Telephone number:	
Birth (Month/Day/Year):	
Bitti (Montil/Day/ 1 ear).	
If you are <u>under age 18</u> , please h	nave your parent or legal guardian complete the information below:
immunizations at Marietta Colleg understand that my student may immunization is required. I also waiver, and that I must contact the acknowledge that non-vaccination College if an off-campus partner	f the student named above, I request a waiver from the required student ge, on the grounds indicated further below (medical and/or religious). I be subject to exclusion in the event of an outbreak of a disease for which understand that lost vaccination records are not grounds for requesting a ne provider(s) of those vaccinations to secure those records.* I also on may result in a delay in my student's degree progress at Marietta for an experiential component of my student's degree program has a prevents my student from participating and the College is unable to for my student.
Name (print or type):	
Signature:	
Date:	
If you are <u>age 18 or older</u> , please	e complete the information below:
further below (medical and/or reloutbreak of a disease for which is are not grounds for requesting a secure those records.* I also acknown progress at Marietta College if an	red student immunizations at Marietta College, on the grounds indicated ligious). I understand that I may be subject to exclusion in the event of an immunization is required. I also understand that lost vaccination records waiver, and that I must contact the provider(s) of those vaccinations to nowledge that non-vaccination may result in a delay in my degree an off-campus partner for an experiential component of my degree accination that prevents me from participating and the College is unable the for me.
Student signature:	
Date:	
* If those efforts are unsuccessfu	l, you can request further assistance from Marietta College's Center for

Health and Wellness by calling 740-376-4477 or e-mailing <u>healthandwellness@marietta.edu</u>.

## PLEASE COMPLETE THE SECTION(S) BELOW THAT REFLECT/S THE REASON(S) YOU ARE REQUESTING A WAIVER FROM THE REQUIRED STUDENT IMMUNIZATIONS.

MEDICAL EXEMPTION	(to be completed by an appropriate certified health care provider)
contraindication.  This student requires a	from required immunizations because of a <u>permanent</u> medical <u>temporary</u> exemption until/ (month/day/year) from owing disease(s) (mark all that apply):
Tdap	MMR Hepatitis B Meningitis
COVID-19	
List the condition(s) that would	endanger the student's life or health if they received vaccination(s):
Name (print or type):	ertification of Health Care Provider (required)
Street address: City, State, Country, ZIP:	
Telephone number:	
E-mail address:	
Signature: Date:	
2	
RELIGIOUS EXEMPTION	(requires certification from a religious leader)
If you are <u>under age 18</u> , please	have your parent or legal guardian complete the information below:
	of the student named above, I request a waiver from the immunization(s) s that such immunization(s) is/are in conflict with my student's religious
Tdap	MMR Hepatitis B Meningitis
COVID-19	

Date:  PLEASE COMPLETE THE STATEMENT OF RELIGIOUS PRINCIPLES FURTHER BELOW.  If you are age 18 or older, please complete the information below:  If request a waiver from the immunization(s) indicated below, on the grounds that said immunization(s) is/are in conflict with my religious beliefs.  Tdap MMR Hepatitis B Meningitis  COVID-19  Name (print or type):  Signature:  Date:  PLEASE COMPLETE THE STATEMENT OF RELIGIOUS PRINCIPLES FURTHER BELOW.  Certification by Religious Leader (required)  I confirm that the student (or the student's parent/legal guardian) requesting a waiver from Marietta College's required immunization(s) is doing so because such immunization(s) conflict's with the student's religious beliefs.  Name (print or type):  Street address:  City, State, Country, ZIP: Telephone number:  E-mail address:  Signature:  Date:  Relationship to student for whom a waiver of Marietta College's required immunization(s)	Name (print or type):			
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for whom a waiver of Marietta College's required immunization(s)				
Marietta College's required immunization(s)	_			
required immunization(s)				
•	_			
	is being requested:			

## STATEMENT OF RELIGIOUS PRINCIPLES

(To be completed by student if student is age 18 or older, or by student's parent or legal guardian if student is under age 18)

Please provide your religious affiliation and a detailed explanation of the religious tenets, doctrines, and/or beliefs of that religious affiliation that are in conflict with the required immunization(s) for which
you are requesting a waiver.
Please return completed waiver form to healthandwellness@marietta.edu. If you have questions, please

email or call the Center for Health and Wellness at 740-376-4477.