

**MARIETTA COLLEGE REQUEST FOR WAIVER  
FROM REQUIRED STUDENT IMMUNIZATIONS**

Student ID: \_\_\_\_\_  
Name (Last, First, Middle): \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Country, ZIP: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Birth (Month/Day/Year): \_\_\_\_\_

If you are **under age 18**, please have your parent or legal guardian complete the information below:

As the parent or legal guardian of the student named above, I request a waiver from the required student immunizations at Marietta College, on the grounds indicated further below (medical and/or religious). I understand that my student may be subject to exclusion in the event of an outbreak of a disease for which immunization is required. I also understand that lost vaccination records are not grounds for requesting a waiver, and that I must contact the provider(s) of those vaccinations to secure those records.\* I also acknowledge that non-vaccination may result in a delay in my student’s degree progress at Marietta College if an off-campus partner for an experiential component of my student’s degree program has a policy requiring vaccination that prevents my student from participating and the College is unable to secure an alternative experience for my student.

Name (print or type): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

If you are **age 18 or older**, please complete the information below:

I request a waiver from the required student immunizations at Marietta College, on the grounds indicated further below (medical and/or religious). I understand that I may be subject to exclusion in the event of an outbreak of a disease for which immunization is required. I also understand that lost vaccination records are not grounds for requesting a waiver, and that I must contact the provider(s) of those vaccinations to secure those records.\* I also acknowledge that non-vaccination may result in a delay in my degree progress at Marietta College if an off-campus partner for an experiential component of my degree program has a policy requiring vaccination that prevents me from participating and the College is unable to secure an alternative experience for me.

Student signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*\* If those efforts are unsuccessful, you can request further assistance from Marietta College’s Center for Health and Wellness by calling 740-376-4477 or e-mailing [healthandwellness@marietta.edu](mailto:healthandwellness@marietta.edu).*

**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)*

- \_\_\_\_\_ This student is exempt from required immunizations because of a permanent medical contraindication.
- \_\_\_\_\_ This student requires a temporary exemption until \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year) from vaccination for the following 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification of Health Care Provider** *(required)*

Name (print or type): \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Country, ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELIGIOUS EXEMPTION**     (requires certification from a religious leader)

If you are **under age 18**, please have your parent or legal guardian complete the information below:

As the parent or legal guardian of the student named above, I request a waiver from the immunization(s) indicated below, on the grounds that such immunization(s) is/are in conflict with my student’s religious beliefs.

- \_\_\_\_\_ Tdap            \_\_\_\_\_ MMR            \_\_\_\_\_ Hepatitis B            \_\_\_\_\_ Meningitis
- \_\_\_\_\_ COVID-19

Name (print or type): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**PLEASE COMPLETE THE STATEMENT OF RELIGIOUS PRINCIPLES FURTHER BELOW.**

If you are **age 18 or older**, please complete the information below:

I 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)  
is being requested: \_\_\_\_\_

