



**Student Health Services  
Immunization Waiver Request**

Please print this form, complete it, and have it signed by your healthcare practitioner. Once complete, you will upload this form in the Document Upload section of your Student Health Portal at <https://westliberty.studenthealthportal.com/>

**Student's Name (please print)** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Reason for Exemption (Check one):**

Personal/Philosophical/Religious—One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the healthcare practitioner below.

Medical —One or more of the required vaccines have been determined medically NOT advisable for me by the healthcare practitioner below.

**Please indicate which vaccine antigen(s) the exemption is referring to:**

Measles/Mumps/Rubella

Polio

Tdap

Hepatitis B

Meningococcal Vaccine

By signing this waiver, I acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. The diseases that vaccines protect against still exist, and can spread quickly in college/dormitory settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death. I have been informed of the risks of not receiving these vaccinations by the healthcare practitioner stated below.

Student's Signature \_\_\_\_\_

Parent's Signature (if student is under age 18) \_\_\_\_\_

Date \_\_\_\_\_

Healthcare Practitioner Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Signature of Healthcare Practitioner \_\_\_\_\_