Hillsdale College Health and Wellness Center

Immunization Waiver Form

Student's Name: _____

Parent's/Guardian's Name (if student is under 18): _____

The Hillsdale College Health and Wellness Center has advised that I (or my child) should receive the following immunizations:

Required	Immunization	Declined
X	Tetanus, Diphtheria, Pertussis (TDaP)—in last 10 years	
X X	Hepatitis A—two doses Hepatitis B—three doses required	
X	Measles, Mumps, Rubella (MMR)—two doses required	
X X	Meningococcal—booster required after 5 years of initial vaccine Meningococcal B Vaccine—2 or 3 dose series	
X	Polio—four doses required	
X	Tuberculin (TB) skin test or negative chest X-RAY in past 3 years	
X	Varicella (Chicken Pox)—history of disease OR two doses of vaccine	

Reason for requested waiver:

By signing below, I signify that I understand the above immunizations are a part of the Hillsdale College Health and Wellness center requirement. Failure to complete these immunizations could result in an increased health risk for me/my child. I also understand that, in case of an outbreak of any of the above diseases, I/my child may be excluded from the college for an extended amount of time or until the health risk subsides.

Student Signature (if 18 or older): _____

Date: _____

Parent Signature (if student is under 18): _____

Date: _____

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