

Hillsdale College Health and Wellness Center Immunization Waiver Form

Student's Name: _____

Parent's/Guardian's Name (if student is under 18 by August 1st): _____

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

Required	Immunization	Declined
X	Diphtheria, Tetanus, Pertussis (DTaP)—in last 10 years	
X	Hepatitis B—three doses required	
X	Measles, Mumps, Rubella (MMR)—two doses required	
X	Meningococcal—booster required after 5 years of initial vaccine	
X	Polio	
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 age 18 by August 1): _____

Date: _____

Parent Signature: _____