

Mount St. Joseph University  
Immunization Waiver

I hereby request that I be exempt from the immunizations required for residents at Mount St. Joseph University. I release Mount St. Joseph University and any of its employed personnel from all responsibility for any impairment of my health that may result from this exemption.

I am aware of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I understand that, in the event of an outbreak of a vaccine-preventable disease for which I have not been immunized, I agree to follow the regular health practices regarding quarantine rules and regulations and remove myself from the University at my own expense. I will be responsible for any classes or academic requirements missed as a result of this exemption.

**The immunizations I have chosen to WAIVE include:**

MMR (measles, mumps, rubella)     Polio  
 Varicella (chicken pox)             TD (tetanus-diphtheria) or Tdap (tetanus-diphtheria and pertussis)

**For the following reasons:**

Reasons of conscience, including religious  
 Medical exemption (Please provide physician's statement)

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**I have returned the Immunization Record documenting my Meningococcal and Hepatitis B Vaccination Status as required by the section 3701.133 (B) of the Ohio Revised Code:**

Yes         No

Name of Student: \_\_\_\_\_  
(please print)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*If student is under the age of 18

Please return completed form to:  
Mount St. Joseph University, Wellness Center  
Coordinator of Health Services  
5701 Delhi Rd.  
Cincinnati, OH 45233