

Mount Mercy College Certificate of Immunization Exemption

Name: _____		
Last	First	M.I.
Student ID # _____		

Medical

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

MEDICAL PROFESSIONAL SIGNATURE

DATE

MEDICAL PROFESSIONAL NAME – PLEASE PRINT

PHONE #

ADDRESS OF MEDICAL PRACTICE

*Conscientious/Religious Exemption

I HEARBY CERTIFY BY NOTARIZATION THAT MY CONSCIENTIOUS OR RELIGIOUS BELIEF IS OPPOSED TO IMMUNIZATIONS.

STUDENT SIGNATURE

(PARENT/GUARDIAN SIGNATURE IF UNDER AGE 18)

DATE

Subscribed and sworn to me on the _____ day of _____, 20_____

NOTARY SIGNATURE

NOTARY NAME – PLEASE PRINT

PHONE #

ADDRESS OF NOTARY

*MUST BE NOTARIZED