



LIMESTONE
UNIVERSITY

IMMUNIZATION WAIVER

I _____ hereby acknowledge that I am not immunized according to the immunization schedule recommended by the American Academy of Pediatrics for the following reasons:

_____ **Medical Disability** (Attach a letter from a certified Health Care Provider detailing the specific medical disability which precludes you from receiving immunizations)

_____ **Religious Doctrine, Tenant or Law** (Attach a letter from your religious leader detailing the mandated religious doctrine, tenant or law which precludes you from receiving immunizations)

_____ **Personal Conviction or Creed** (Attach a personal statement detailing the personal conviction or creed which precludes you from receiving immunizations)

I further recognize that I am at risk of contracting the disease(s) I am not immunized against and that should I contract any of these diseases I will be excluded from participating in class or activity at Limestone University until I am no longer contagious, as per written statement from my physician. I recognize that while most students at Limestone University are immunized, this does not mean that the bacteria/viruses that cause these diseases are not present in the University. Recognizing all of these factors, I have made the conscious choice not to receive immunizations and will not hold Limestone University responsible, liable or negligent in any way should I contract one or more of the diseases for which I am not immunized.

Signature of Student

Date

Witness

Date