



Wyoming Catholic College

Statement of Exemption for WCC

I hereby request exemption from the immunization requirement because of medical or moral objections to the specified immunizations or I cannot or choose not to provide the records. I am aware of the symptoms and consequences of tetanus and of the other diseases against which vaccines are commonly specified. Should I develop or appear to be developing any disease commonly vaccinated against, in particular tetanus, I accept the responsibility to seek medical advice or obtain medical help immediately.

By signing this waiver I also agree to bear sole responsibility for the possible negative consequences of missing part of the program due to the aforementioned diseases.

Student name _____ Date _____

Student signature _____

(If student is under 18 years of age at the time of application, parent or guardian must also sign:)

Parent name _____ Date _____

Parent signature _____