

Defiance College Health Services
701 N. Clinton Street Defiance, Ohio 43512
Phone: 419-783-2527
Fax: 419-783-2408

Application for exemption from immunizations.

I hereby request that I be exempt from vaccination or immunization. I release Defiance College and any of its employed personnel from all responsibility for any impairment of my health that may result to me because of this exemption. Where communicable or contagious disease is involved, I agree to follow the regular hospitalization practices of this institution with respect to the quarantine rules and regulations, or to remove myself from the academic community at my own expense.

Vaccination or immunization:

Reason for exemption:

1. Religious beliefs _____
(Name of Church Affiliation)

OR **2. Allergies to Immunization/Medical Reasons**

(Please Specify)

3. Refusal _____

Applicant Signature: _____ **Date:** _____

Applicant Name: _____
(Please Print)

Date of Birth: _____ **Social Security#** _____

Parent or Legal Guardian signature (if Applicant is under 18 yrs of age.)

Street Address **City** **State** **Zip Code**

Witness: _____

Date: _____