

**AQUINAS COLLEGE HEALTH AND WELLNESS SERVICES
IMMUNIZATION EXEMPTION STATEMENT**

I, _____ have made an informed and conscious choice to not receive immunizations recommended by the Centers for Disease Control (CDC) based on religious, medical, and/or personal beliefs. I understand that Aquinas College cannot protect me from communicable diseases or epidemics that might occur while a resident of The College. Furthermore, I understand I may be asked to leave the Residence Halls should an infectious health concern arise. I further state that I will not hold the college responsible for any illness or harm I may incur as a result of my immunization exemption status.

_____,
(Student signature if 18 or over)

(Date)

Student ID # _____
Date of Birth _____

_____,
(Witness)

(Date)