



LAWRENCE UNIVERSITY
APPLETON, WISCONSIN

Immunization Waiver Form

Lawrence University Health Services • 711 E. Boldt Way • Appleton, WI 54911 phone:
920-832-6574 • fax: 920-832-7488

Print Name _____ Date of Birth _____

Please indicate the reason you are waiving immunizations:

Indicate vaccine: _____

For health reasons I should not receive the following immunizations:

Please list health reason:

For religious reasons I should not be immunized.

For personal conviction reasons I should not be immunized.

Signature of student \geq 18 yrs of age

Date _____

Please note that students who have not been immunized may be excluded from class and residence halls if an outbreak of a vaccine preventable disease occurs on campus.