



**Non-Medical Immunization Exemption Form**  
(except Covid-19)

**This section to be completed by the Student**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Entering WCSU: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

***Non-Medical Exemption:*** *I am the individual or parent/guardian of the individual named above (if the individual is under 18 years of age), and I am seeking an exemption (as specified below) for me or my child from receiving the following named vaccination at this time.*

***Exempt Immunization (check all that apply):***

Measles: \_\_\_\_ Mumps: \_\_\_\_ Rubella: \_\_\_\_ Varicella: \_\_\_\_ Meningitis: \_\_\_\_

I am opposed to receipt of vaccination and immunization listed above based on the reason(s) below:

**Must specify reason(s):**

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if student is under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

***Return this form to Health Services at [healthservices@wcsu.edu](mailto:healthservices@wcsu.edu) or fax it to 203-837-8583***

***For non-medical exemption requests for Covid-19, please use this link:***

***<https://cscu-gme-advocate.symplicity.com/surveys/index.php/pid343742?sid=exemption>***