Western Connecticut State University
Health Services

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):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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 or fax it to 203-837-8583

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