



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: _____

Exempt Immunization (check all that apply)

Measles: _____ Mumps: _____ Rubella: _____ Varicella: _____ Meningitis: _____ Covid-19: _____

Certification: In accordance with the Public Act 21-6 section 7, the only acceptable form to certify a student's exemption is the Department of Public Health (DPH) web based certificate for use by a physician, physician assistant or APRN. Your health care practitioner should be able to provide this certificate.

If your physician does not have access to the DPH form, please have them complete this form.

Statement of Medical Exemption to Immunization

The physical condition of the above named individual is such that immunization would endanger life or health. State the reasons for requesting the medical exemption. _____

Health Care Provider Name (Print): _____ License # _____

Health Care Provider Signature: _____ Date: _____

Conditions for Covid-19: Given the active pandemic, individuals with an approved exemption for medical reasons may be instructed to wear masks at all times indoors, subjected to testing, remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, WCSU will not refund tuition, fees, housing costs or other expenses for students who must leave campus or quarantine.

Student's Signature: _____ Date: _____

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