



WAYNE
STATE COLLEGE
STUDENT HEALTH AND
COUNSELING

WSC Student Health and Counseling
Kanter Student Center, Room 103
Phone: 402-375-7321
Fax: 402-375-7128
studenthealth@wsc.edu

Wayne State College Immunization Waiver

Student name: _____

Date of birth: _____

Medical exemption

The physical condition of the above named student is such that the required immunizations would endanger life or health.

Reason for exemption: _____

Check one:

Permanent medical exemption

Temporary medical exemption

Date of release: _____

Printed physician name: _____

Physician signature: _____

Date: _____

Religious exemption

I request exemption based on religious beliefs, understanding that in the event of an outbreak I will be barred from campus for the duration of the outbreak, which could last several weeks.

Student signature: _____

Date: _____

Please return this completed document to:

WSC Student Health Office

1111 Main St.

Student Center, Room 103

Wayne, NE 68787

studenthealth@wsc.edu