



The Office of Health and Wellness
Wheaton College
East Main Street
Norton, MA 02766
Tel: (508) 286-8210

RELIGIOUS EXEMPTION – HEALTH / IMMUNIZATION

Pursuant to M.G.L., Chap. 76, Sec. 15C

I, _____, request to waive my physical examination and presentation of an immunization record due to religious beliefs.

I certify that I am and have been in good health and that I have no physical or mental impairment that would interfere in any way with my studies or activities or my adjustment to college life; and to my knowledge, I am free from any communicable or contagious disease which may affect the welfare of the university community.

I agree, in the event of an outbreak of a communicable disease, that I will either leave campus or be immunized.

Signed _____ Date _____

Print Name _____ D.O.B. _____

Parent/Guardian Witness _____ Date _____