POINT LOMA
NAZARENE UNIVERSITY

Wellness Center

Exemption to Immunization

Name: _____ Date: _____

Address: _____

Telephone: (_____)_____ Year entering PLNU: _____

Medical Exemption
Statement of Exemption to Immunization

The physical condition of the above named individual is such that immunization would endanger life or health.

Name of Physician:_____

Address: _____

Phone number: _____

_____ _____
Physician's Signature Date

Please be aware: In the case of an outbreak of a specific disease in which you have claimed a medical exemption from matriculation immunization requirements, it is plausible for the Public Health Department to mandate a quarantine, thereby preventing unimmunized students access to the campus.

_____ _____
Student's Signature of acknowledgement Date

A hold will be placed on your account until this document has been completed.

8/3/06