



University of Southern Maine  
Health Services  
37 College Ave, Gorham, ME 04038  
or Fax to: 207-780-4911

Name: \_\_\_\_\_ Date Today: \_\_\_\_\_

ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am opposed to the mandatory State Immunization Law because of:

- \_\_\_\_\_ Religious beliefs
- \_\_\_\_\_ Medical Exemption (state reason) \_\_\_\_\_
- \_\_\_\_\_ Moral, Philosophical or Personal reasons

**Please note: If there is a measles or mumps outbreak on campus you will be required to immediately leave campus and not be eligible to return until the outbreak is declared to be over. The University would not be in a position to provide financial or academic relief for you during this period. Therefore we urge you to get the appropriate immunizations and or documentation.**

*Signed* \_\_\_\_\_

For Office Use

Objection to:	
MMR 1 & 2 _____	Student given notification of outbreak letter _____
MMR 2 _____	
Td _____	MaineStreet ID#: _____
Other _____	
Date: _____	Signature: _____