



**USM Health & Counseling Services
Immunization Objection Waiver Form
37 College Ave, Gorham, ME 04038
or Fax to: 207-780-4911**

Name: _____ Date of Birth: _____ Mainstreet ID#: _____

I am submitting this objection waiver on the basis of:

- _____ A medical exemption secondary to: _____
**Please submit a physician's statement or medical documentation that immunization is contraindicated.*
- _____ Religious beliefs
- _____ Moral, philosophical or personal reasons

- ***Please note: In the event of a measles, mumps or rubella outbreak on campus, you could be required to leave campus on short notice and not be allowed to return until the outbreak is declared to be over. USM would not be obligated to provide financial or academic relief to you during this period of time.***

Student Signature

Date

For Office Use Only:

Student Objection to: _____ MMR # 1&2 _____ MMR #1 _____ Td/Tdap _____ All vaccines			
_____ Staff Signature	_____ Empl ID#	_____ Date	