



## Ave Maria University Immunization Waiver Form

Please upload onto the Mandatory Immunization Form: <https://www.avemaria.edu/required-health-forms/>

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Last Name

First Name

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Date of Birth

E-Mail

Phone

If you have **not** completed the Hepatitis B or MMR series or received the Meningococcal vaccine, please **check** the appropriate box (or boxes) below.

*\*A parent/guardian signature is **required** if student is under the age of 18.\**

- ☐ I have read the information provided regarding the MMR vaccine. I am aware of the risks associated with the contraction of measles, mumps, and rubella, and choose not to be vaccinated.
- ☐ I have read the information provided regarding the Hepatitis B vaccine. I am aware of the risks associated with the contraction of this disease, and choose not to be vaccinated.
- ☐ I have read the information provided regarding the Meningococcal vaccine(s). I am aware of the risks associated with the contraction of viral meningitis, and choose not to be vaccinated.

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Signature of Student

Date

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Signature of Parent/Guardian

Date