

I, (print name here)	due to religious beliefs, medical
contraindication or strong philos	phical objection decline these immunizations
	required for reenrollment at Beloit College. In waiving this (these)
immunization(s), I recognize the	college's interest in enforcing current policy for the safety of the
campus community. I understan	I that I may be required to quarantine on or off campus should an
outbreak of the disease(s) for w	ch I have declined immunization occur. I accept full responsibility for
waiving these immunizations. I	ill comply with the policy of quarantine established by the Health and
Wellness Center of Beloit Colleg	and will make the arrangements necessary to fulfill my academic
obligations. I further understan	that I will not be entitled to any reimbursement of tuition or other fees
associated with my absence for	campus as a result of quarantine.
In accordance with my abstention	from receiving this (these) immunization(s) due to religious beliefs,
medical contraindications or str	ng philosophical objections, I agree to abide by Beloit College's
requirements for living on or co	ing to campus. These requirements may include masking, physical
distancing, and/or mandatory to	ting. Current policies can be found on the Beloit College website.
If at any time my vaccination sta	us changes, I will update the Health and Wellness Center as soon as
possible with a copy of my vacci	
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Student Signature	Date
	<del>_</del>
Student Printed Name	
Witness Signature	
Witness Signature	Date