



BETHEL
UNIVERSITY

CONSCIENTIOUS OR MEDICAL EXEMPTION

Return forms to Health Services, 3900 Bethel Drive, St Paul, MN 55112

Student Name _____ Bethel ID# _____

CONSCIENTIOUS EXEMPTION – Must be notarized:

I hereby certify by notarization that immunization against _____
is contrary to my conscientiously held beliefs.

Signature of Student _____ Date _____

Student signature (or parent or legal guardian if under 18 years of age)

Subscribed and sworn to me on the _____ day of _____, 20____.

Signature of Notary _____

Place stamp of Notary:

MEDICAL EXEMPTION – Must be signed by physician:

The student named above does not have one or more of the required immunizations because
he or she has (check all that apply):

- A medical problem that precludes the _____ vaccine(s).
- A history of _____ disease.
- Laboratory evidence of immunity against _____.

Physician's signature: _____

(M.D., D.O., P.A., or N.P.)

Date: _____