



Application for Permanent Waiver for Immunization on Medical Grounds

Any student requesting a waiver must sign this document indicating:

1. I have received information provided by Health Service about immunizations;
2. I understand the risks and benefits of immunizations, the potential risks of non-immunization and the risk of epidemic to myself and the MBI community;
3. I refuse immunizations and have provided MBI with certificate of medical exemption as required by 110 ILCS 20/3 as quoted below:
“ A student may be exempted from one or more of the specific immunization requirements specified in this Part upon acceptance by the designated record keeping office of a **written statement by a physician** indicating the nature and probable duration of the medical condition or circumstances that contraindicates such immunization(s), identifying the specific vaccine(s) which could be detrimental to the student's health.”
4. I consent to be excluded from all MBI’s facilities immediately upon notice of the first identified case and until three weeks after the last identified case as determined by Public Health Department; and
5. I have been informed that MBI will not refund any tuition or fees because I was unable to attend or complete classes due to exclusion from campus under the waiver policy.

Student Signature
(Parent/Guardian if student is
under 18 years old)

Date

Student Printed Name

MBI Student ID Number