



**UNIVERSITY OF MAINE AT AUGUSTA
OFFICE OF ENROLLMENT SERVICES
IMMUNIZATION WAIVER FORM**

I, the undersigned, request that the University of Maine at Augusta grant me an immunization waiver based on medical, personal, philosophical or religious reasons. I understand that by not complying with the state law requiring these immunizations, I am assuming responsibility for any complications to myself.

In the event of an outbreak, I understand I will be barred from classes immediately until notified otherwise.

FULL NAME (Please Print)

SIGNATURE

DATE OF BIRTH

DATE

Please select (X) one:

Religious Basis: _____

Philosophical Basis: _____

Please feel free to further explain any reasoning in depth in the space provided below:

Please Return Completed Waiver via mail or fax to:

UMA Registrar's Office • 46 University Dr, Augusta ME 04330 • Fax 207/621-3116