



College of the Atlantic

To whom it may concern,

I _____, do not wish to submit records
(Print Name Clearly)
of immunization to College of the Atlantic (COA) because of religious,
medical or personal/philosophical reasons.

I have read COA's immunization policy in the College Catalog, under ***Registration and Fees, Immunization History***. I fully understand that should an outbreak of one of the listed diseases occur, I will be excluded from classes and must leave the campus until the disease has passed and my return is approved by an authorized health official.

(Signature)

(Date)