

IMMUNIZATION WAIVER FORM

Name: _____ CWID #: _____

DOB: _____ Phone: _____

Measles/Rubella (MMR)

- Medical: Allergy to eggs
- Previous adverse reaction to the MMR vaccine
 Reaction: _____
- Current pregnancy confirmed.
 Due date: _____
- Letter from private medical doctor
 Reason: _____
- Met with Health Services Provider
 Reason: _____
- Possible Pregnancy
- Need more time to obtain records
 Not to exceed 2 weeks: _____
- Contrary to personal beliefs.

I understand that without the recommended immunization, I could become ill with the disease, which could endanger my health and the health of those with whom I have contact. Despite this fact, I choose to decline the vaccination and I understand that I may change my mind at any time and accept the vaccination if the vaccine is available. I agree to hold harmless the Trustees of the California State University in the event of any possible illness or injury resulting from waiving or delaying my immunization requirement.

Student Signature*: _____

Date: _____

*If under 18, parent or guardian signature:

Hepatitis B

- Medical: Previous adverse reaction to Hepatitis B vaccine
 Reaction: _____
- Letter from private medical doctor
 Reason: _____
- Met with Health Services Provider
 Reason: _____
- Need more time to obtain records
 Not to exceed 2 weeks: _____
- Contrary to personal beliefs.

I understand that without the recommended immunization, I could become ill with the disease, which could endanger my health and the health of those with whom I have contact. Despite this fact, I choose to decline the vaccination and I understand that I may change my mind at any time and accept the vaccination if the vaccine is available. I agree to hold harmless the Trustees of the California State University in the event of any possible illness or injury resulting from waiving or delaying my immunization requirement.

Student Signature*: _____

Date: _____

*If under 18, parent or guardian signature:

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Waiver approved by: _____ on _____ Perm
Name Date

Entered in CMS _____ PnC _____ Temp Until _____
Date Date Date