



Student Health and Counseling Center
(657) 278-2800 / Fax (657) 278-3069

IMMUNIZATION WAIVER FORM

Name: _____

CWID #: _____

DOB: _____

Phone: _____

Measles/Rubella (MMR)

- Medical:
- Allergy to eggs
 - Current pregnancy confirmed.
Due date: _____.
 - Letter from private medical doctor.
Reason: _____.
 - Met with SHCC Provider.
Reason: _____.
 - Possible Pregnancy. See Screening Nurse.

Personal/Religious/Philosophical Beliefs:

- Need more time to obtain records.
Time requested: _____
- Contrary to religious beliefs.
- Contrary to personal/philosophical 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 SHCC Provider.
Reason: _____.

Personal/Religious/Philosophical Beliefs:

- Need more time to obtain records.
Time requested: _____
- Contrary to religious beliefs.
- Contrary to personal/philosophical 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 PeopleSoft _____ PnC _____ Temp Until _____
Date Date Date