

## STUDENT HEALTH CENTER IMMUNIZATION EXEMPTION DECLARATION

Student Name Soc. Sec/I	D.#
(Please print)	
*Students understand and acknowledge in an outbreak situation, they will be barred from campus for their own protection and the protection of the campus community.	*Students understand and acknowledge in an outbreak situation they will be barred from campus for their own protection and the protection of the campus community.
Measles/Rubella (MMR)	Hepatitis B
Student: Mark reason for waiver. Please explain where indicated.	Student: Mark reason for waiver. Please explain where indicated.
Medical ☐ Allergy to eggs	Medical ☐ Allergy to eggs
☐ Current pregnancy confirmed Due date:	Current pregnancy confirmed Due date:
Letter from private medical doctor.  Reason:	Letter from private medical doctor.  Reason:
Religious	Religious
Personal	Personal
I agree to hold harmless the Trustees of the California State University in the event of any illness or injury resulting from my noncompliance with their requirement.	I agree to hold harmless the Trustees of the California State University in the event of any illness or injury resulting from my noncompliance with their requirement.
Student Signature*Date	Student Signature*Date
*Parent/Guardian signature required if under age 18	*Parent/Guardian signature required if under age 18
Date	Date
	* * * * * * * * * * * * * * * * * * *
WAIVER APPROVED BY	DATE
Health Center staff	or designee signature
Exemption type:	☐ Religious (G) ☐ Personal (G)
Logged in Sis+ By: Date	Medpro Date*Initials