



Student Name \_\_\_\_\_/ID.# \_\_\_\_\_  
(Please print)

### Measles/Rubella (MMR)

Medical ☐ Allergy to eggs

☐ Current pregnancy confirmed  
Due date: \_\_\_\_\_

☐ Letter from private medical doctor.  
Reason: \_\_\_\_\_

Religious ☐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.**

Student Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*Parent/Guardian signature required if under age 18**

Date \_\_\_\_\_

## Hepatitis B

**Medical** ☐ Allergy to eggs

☐ Current pregnancy confirmed  
Due date: \_\_\_\_\_

☐ Letter from private medical doctor.  
Reason: \_\_\_\_\_

Religious ☐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.**

Student Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\*Parent/Guardian signature required if under age 18**

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

WAIVER APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Health Center staff or designee signature

**Exemption type:** ☐ **Medical (H)** ☐ **Religious (G)** ☐ **Personal (G)**

Logged in Sis+ By: \_\_\_\_\_ Date \_\_\_\_\_ Medpro Date\* \_\_\_\_\_ Initials \_\_\_\_\_