

STUDENT HEALTH CENTER IMMUNIZATION EXEMPTION DECLARATION

| Student Name:(Please Print) | Coyote ID#: |
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| *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 |
| FOR OFFIC | E USE ONLY |
| WAIVER APPROVED BY | DATE |
| Health Center staff or designe | e signature |
| Exemption type: | Religious (G) Personal (G) |
| Logged into | M P 4 |
| PeopleSoft by: Date | Medicat: Date Initials |
| 1111(141) | 11111413 |