STUDENT HEALTH CENTER
IMMUNIZATION EXEMPTION DECLARATION

Student Name: ____________________________
(Please Print)

Coyote ID#: ____________________________

*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)

Student: Mark reason for waiver. Please explain where indicated.

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

Student: Mark reason for waiver. Please explain where indicated.

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 into
PeopleSoft by: ____________ Date ____________
Medicat: ____________ Date ____________

Initials
Initials