



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.

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Measles/Rubella (MMR)

Hepatitis B

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

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- Medical [] Allergy to eggs
[] Current pregnancy confirmed Due date: _____
[] Letter from private medical doctor. Reason: _____

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[] Letter from private medical doctor. Reason: _____

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.

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Student Signature* _____ Date _____

Student Signature* _____ Date _____

*Parent/Guardian signature required if under age 18

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_____ Date _____

_____ Date _____

FOR OFFICE USE ONLY

WAIVER APPROVED BY _____
Health Center staff or designee signature

DATE _____

Exemption type: [] Medical (H)

Logged into PeopleSoft by: _____ Date _____ Medicat: _____ Date _____
Initials Initials