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: ________________

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

Student Signature* ________________ Date ____________

*Parent/Guardian signature required if under age 18

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: ________________

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

Student Signature* ________________ Date ____________

*Parent/Guardian signature required if under age 18

FOR OFFICE USE ONLY

WAIVER APPROVED BY ____________________________
   DATE ____________
   Health Center staff or designee signature

Exemption type: ☐ Medical (H)

Logged into PeopleSoft by: ________________ Date ____________
   Medicat: ________________ Date ____________
   Initials
   Initials