

IMMUNIZATION WAIVER AND ACKNOWLEDGMENT

By signing below, I affirm that I have chosen not to receive one or more vaccinations for religious reasons or that I am unable to receive one or more vaccinations for medical reasons for measles, mumps, or rubella and/or COVID-19, and that I am requesting to be exempt from the university's immunization requirements. I understand that this request must be approved by the Director of CHWS or the Director's designee and is contingent on my providing appropriate documentation to support the request. If my request is approved, I understand that I may still be subject to university testing requirements or other health and safety standards and I will be required to meet with a representative from CHWS to review the current health and safety standards required by the university. I further understand that in the event of a measles, mumps, rubella, and/or COVID-19 outbreak on campus, I may be excluded from class or other campus activities, or asked to leave campus, until I have proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances.

Please check the following box/boxes according to your exemption request and provide appropriate documentation to CHWS through the CHWS portal to support this request.

MMR vaccine requirement (complete Certificate of Exemption, located on CHWS website)

COVID-19 vaccine requirement (complete Certificate of Exemption, located on CHWS website)

Student Name (Printed)

Date of Birth

Student Signature

Date

Parent Signature (if student is under 18)

Date