



**IMMUNIZATION WAIVER FORM**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Campus email: \_\_\_\_\_

**Measles/Rubella (MMR)**

**Medical:**

Current pregnancy confirmed.

Due date: \_\_\_\_\_.

Letter from private medical doctor.  
(Please attach letter)

Other. Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal/Religious/Philosophical:**

Contrary to religious beliefs.

Contrary to personal/philosophical  
beliefs.

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that Fresno Pacific University and its entities will not be held responsible in the event that I contract a vaccine preventable disease while attending the University, or participating in any campus-related event.

I understand that in the event of a possible outbreak of one of these vaccine preventable diseases, I may be temporarily excluded from class, dormitories/living areas or any other area of the campus for my own protection as well as the protection of other students, staff and faculty.

I fully understand and accept the implications of my decision to seek this exemption. I also understand that this exemption shall remain in effect until retracted in writing and written proof of current and/or up-to-date immunizations are both provided to the Director of Health Services.

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If under 18, parent or guardian signature:

\_\_\_\_\_

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Waiver approved by: \_\_\_\_\_ on \_\_\_\_\_  Perm  Temp \_\_\_\_\_