

# Immunization Waiver Form



Name \_\_\_\_\_ FPU ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student 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:

\_\_\_\_\_  
PARENT or GUARDIAN SIGNATURE

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