



Immunization Waiver Request

Please upload the completed form and supporting materials to your Student Health Portal

Name _____ yaRID# _____ Date of Birth: _____

I am requesting the following exemption from the Vaccination Policy (Please check all that apply):

What immunization exemption are you requesting? Please check all that apply:

MMR (Measles, Mumps & Rubella) Two vaccines needed; the first one must have been received after the first birthday and dose 2 after age 4.

Tdap (Tetanus, Diphtheria, & Pertussis) or TD Booster, Received within the last 10 years.

0 H Q L Q J L W L V 0 H Q L Q J R F R B D Q D I R G H L U M W U W X G Z K O W M Q G W H D H R I
0 H Q D R W H Q Y H R E P U X V W R Q R D G W R X U L [W H E H Q W K B W H 0 H Q R P I X Q Q E % D W I Z 7
D F F H \$ V B G W L R Q I Q Q Q J L W L V , Q I R L U P D W T R I Q U H G L Y R U U H V L G H Q W L D O V
9 D U L F & Q O E N H Q Z R R V M D F F L Q H D Z W H N S D V W F F L Q H W Z H B Q G \ H D R I D J D I Q G
D W H D Z / W H N S D V W F F L Q D W H R G O G H W X G F D Q W X B D I E R U D L W R K O D V S U I R Y S L G R R I
Y D F F L Q D W L R Q

: K D W L V W K H U H D V R Q I R U W K H H [H P S W L R Q

0 H G L F D I P S W L R Q Please provide documentation from a healthcare provider regarding the contraindication.

5 H O L J (L R R S W L R Q L Q F F O R U E D W K E N S O R Y Q V I M P L Y O E D I O X L V H R B O I H S U R L G H
Z U L W W B Q H P H Q Z W \ G R H W H D O C E L H O X V I M K L E P R S S F R Q P R O D A A R Q A V H O V R X F K
L P P X Q L J D W L R Q V V H O

Student Signature _____ e Dat _____

If student is under the age of 18, please have Parent/Guardian print and sign below:

Parent/Guardian Name (Please print) _____

Parent/Guardian Signature _____ Date _____

For Office Use Only Approved

Denied

Employee _____ Date _____