



Ph. 562.903.4841

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**Student Health Center**  
**\* IMMUNIZATION WAIVER**

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

DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date \_\_\_\_\_

Circle any applicable immunization:

- |   |  |
|---|--|
| <input type="radio"/> Measles/Mumps/Rubella (MMR) | <input type="radio"/> Hepatitis B                |
| <input type="radio"/> Polio                       | <input type="radio"/> Meningococcal              |
| <input type="radio"/> Tetanus                     | <input type="radio"/> All of the above           |
| <input type="radio"/> Hepatitis A                 | <input type="radio"/> Travel Immunizations _____ |
|   | <input type="radio"/> Other _____                |

**Medical Exemption**

The physical condition of the above named individual is such that immunization would endanger life or health.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Personal Exemption**

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I take full responsibility in the event of any possible illness or injury resulting from waiving or delaying my immunization requirement.

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

\*If under 18, parent or guardian signature: \_\_\_\_\_

\*Please be aware: In the case of an outbreak of a specific disease in which you have waived immunization, it is plausible that the Public Health Department could mandate a quarantine, thereby preventing non-immunized students access to the campus.