



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.

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

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Student Signature _____ e Date _____

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 _____