



IMMUNIZATION WAIVER

Measles, mumps, and rubella (German measles) are contagious viral diseases that have symptoms of fever, rash, swollen lymph nodes and /or salivary glands, cough and congestion. Although most recover, some persons suffer serious complications and death. Women exposed to rubella in early pregnancy may deliver babies with serious congenital defects.

Two doses of Measles/Mumps/Rubella (MMR) vaccine are recommended for all previously unvaccinated persons over 12 months of age unless they are exempt for the following reasons:

- Any respiratory illness with fever
• Allergy to Neomycin, eggs, gelatin
• Compromised immunity, blood disorders, active untreated Tuberculosis
• Pregnancy; nursing mothers
• Receiving ISG (immune serum globulin). Vaccines should be deferred for 3 months after administration.

Please complete (A) or (B)

(A) For clinical providers:

I certify that _____ NAME _____ SS#
is _____ temporarily _____ permanently unable to receive MMR immunization for
medical reasons. If waiver is temporary, student should be able to receive the vaccines
by _____ or within _____ weeks.
DATE

Signature of Physician, PA, ARNP or RN Date Office Stamp

(B) Religious/Personal declination:

I, _____ STUDENT'S NAME (Please Print), _____ STUDENT ID#
decline the MMR vaccine

required for ERAU registration, for personal/religious reasons. Certification from clergy,
if applicable, is attached.

I understand that failure to comply with immunization requirements may result in
my inability to attend classes/campus functions in the event of a campus outbreak/
epidemic, per direction of public health authority.

Student's Signature Date Parent or Guardian
(if student under 18 & single)