



*Measles/Rubella (MMR)
Immunization Waiver Form*

Name: _____ Student ID# _____
DOB: _____ Date: _____

Please mark the reason for the MMR immunization waiver request and explain where indicated.

Religious: ___ Letter from religious leader
___ Meet with Regional Academic Director
Explain: _____

Personal: ___ Meet with Regional Academic Director
Explain: _____

I, _____, have been informed and understand the benefits of Mumps/Measles/Rubella immunization and the risk of not being immunized. I also understand this immunization is required by the California State University system. Knowing the above, I refuse immunization for religious/personal reasons. I also agree to hold harmless the Trustees of the California State University in the event of any illness or injury resulting from my noncompliance with their requirement.

Signature Date

Witness

Regional Center Use Only:

Waiver approved by: _____ on _____
Name and Title Date
___ Permanent ___ Temporary _____
Duration or Date