

## **Immunization Requirement Exemption Form**

I understand that should my request for a waiver be approved, I am agreeing to hold harmless the Board of Trustees, the California State University, and its employees, in the event of any illness or injury resulting from my non-compliance with this requirement.

By not receiving the required and recommended immunization I understand that in the event of an outbreak of communicable diseases including, but not limited to measles, mumps, rubella, diphtheria tetanus, polio, and hepatitis A and B, etc. I may be excluded from classes, the residence halls, the campus, the Training Ship Golden Bear, and possible ports-of-call.

☐ I am requesting a waiver for the following immunization(s):	
☐ I am requesting a waiver for the following rel	igious/personal reason(s):
☐ I am requesting a waiver for the following me	edical reason(s):
Name(Print Clearly)	Date
Signature	Student ID#
Health Cent	ter Use Only
☐ Waiver granted on the basis of religious/perso	onal reasons
☐ Waiver granted on the basis of the following	medical reason(s):
☐ Permanent Exemption ☐ Tempor	ary Exemption – Expires
Provider Signature	Date