

IMMUNIZATION COMPLIANCE WAIVER FORM



Return this form to:
Pacific Union College
Health Services
One Angwin Avenue
Angwin, CA 94508
Attn: Health Services

Phone (707) 965-6339
Fax (707) 965-6243

If you cannot or choose not to provide immunization documentation, you must complete the following:

Full Legal Name:

_____ Last First Middle

Date of Birth: ____ / ____ / ____ Social Security No.: _____

Student ID: _____

Quarter: Fall Winter Spring Summer

First Year Freshman (never attended PUC before) Transfer Re-entry

I understand if I claim exemption/waiver from providing proof of immunization, I may be excluded from campus and from on campus classes in the event of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until I submit proof of immunizations. If I am not 18 years of age, my parent or legal guardian must sign below*

BE IT KNOWN on this date, I _____ (Print Name of Student) have been made fully informed by reading the Centers for Disease Control and Prevention's Vaccines- *What You Need to Know Vaccine Information Statement* found at cdc.gov/vaccines and understand my health could be negatively affected by not receiving the following vaccine/s.

I declare myself to be a person of full age of maturity and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving recommended vaccinations. I do further hereby now and forever, free and release PACIFIC UNION COLLEGE + THE NAPA COUNTY HEALTH DEPARTMENT and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccine/s I certify I have read (or have had read to me) and I fully understand this Immunization Compliance Waiver Form. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination or not to provide the records of my own free will.

I am requesting exemption/waiver of providing proof of the following immunizations:

- | | |
|--|---|
| <input type="checkbox"/> MMR (Measles/Mumps/Rubella) | <input type="checkbox"/> Tuberculosis Skin Test(TB) |
| <input type="checkbox"/> Tetanus(diphtheria/pertussis) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Varicella (chickenpox) |

The reason I am requesting waiver from providing proof of immunizations is:(Check all the apply)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Religious Beliefs |
| <input type="checkbox"/> Medical | |

Application Signature: _____ Date: _____

*Signature of Parent or Guardian (if student is under 18): _____

Date: _____