Student # _____

Request for a WAIVER from the MEASLES IMMUNITY Registration Requirement

Student Information – *Please Print or Type (if we can't identify you, we can't help you)*

Name: _____ **Student Number:** _____

Current Mailing Address: _____
Address City State Zip code

Current Email Address: _____

Date of Birth: _____ **Current Phone: ( )** _____

In support of this request, please answer the following questions:

1) State the reason for your request (personal, medical or religious):
2) Explain the rationale for your reason:
3) If you are unable to provide a Health Care Provider's signature (see below) in support of this request, please explain why:
4) State whether you believe you have ever received a measles (rubeola or MMR) immunization in the past or not:
5) Explain, in detail, why you are unwilling to get a rubeola titer (blood test for immunity) at this time:

I understand that immunity to measles (rubeola) is a condition of enrolling at WWU if I was born in 1957 or later. I understand that it is recommended that I receive the vaccine or prove immunity with a positive rubeola titer (blood test for antibodies). If my request for a waiver is approved, I understand that if I am exposed to measles, **I may be prohibited from attending class or living on campus from the 5th through the 21st day after exposure or for 7 days after the rash appears**. I have been given an opportunity to ask questions about the vaccine, the titer and the policy concerning it. All my questions have been answered to my satisfaction. Due to medical, religious or personal reasons, I choose not to demonstrate adequate rubeola immunity.

Student Signature: _____ **Date:** _____

Health Care Provider Documentation (required for medical request):

I certify that this student has legitimate medical reasons for inadequate rubeola immunity because (state reason):

_____

_____ _____

Health Care Provider's Signature / Title / Date ***Print Name and title***

Address (office stamp okay): _____ *Telephone ( )* _____

_____

Send completed form to the WWU Student Health Center:

By Mail: WWU Student Health Center, 516 High St. MS9132, Bellingham, WA 98225

By FAX 24/7: (360) 650-3883 or (360) 650-4580

By Email: Student .Health@wwu.edu