University of San Diego
STUDENT HEALTH CENTER

Vaccine Exemption Request Form

I am requesting a waiver for the following matriculation vaccines (select the ones that apply):

- ☐ MMR
- ☐ Varicella
- ☐ Meningitis ACWY
- ☐ Meningitis B

I have chosen not to be immunized at this time for the following reason (check the one that applies):

- ☐ A strongly held religious or personal belief
- ☐ A medical contraindication. Please list here so it can be added to your medical chart:

_____

I have reviewed the related VIS (Vaccine Information Sheet)* and/or EUA (Emergency Use Authorization) Fact sheets for the vaccines I would like to waive. I understand the vaccine's benefits and the risks of not being immunized. If there is an outbreak or exposure risk of one of these illnesses on campus, I agree to follow the University's recommendations or requirements (determined with guidance from the local public health department) such as, but not limited to, testing, quarantine, and/or isolation. If this occurs, I am responsible for any financial or academic burdens I may encounter. I am also aware that if I change my mind, I may be vaccinated in the future.

_____ _____
Print Student Name Student ID Number

_____ _____
Student Signature Date
☐ Electronic Signature Acknowledgement

_____ _____
Parent/Guardian Signature (if under 18) Date
☐ Electronic Signature Acknowledgement

*https://www.cdc.gov/vaccines/hcp/current-vis/index.html

Return completed form to the Student Health Center (SHC) by uploading it to your MyWellness Portal
Click *Messages* > *New Messages* > Send a message to the SHC > *Upload my Vaccination Exemption form*

Please allow 24 - 48 business hours for review.
You will be notified via Secure Message through your MyWellness Portal once your form has been reviewed.