

# University Health Center

## Request for Immunization Waiver



We are requesting that our son/daughter: \_\_\_\_\_, be exempted from the following immunizations as required by Cairn University, for the school year \_\_\_\_\_.

Student's Signature (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please checkmark all which apply:

- MMR #1
- MMR #2
- Tetanus/Diphtheria Booster
- Polio Vaccine #1
- Polio Vaccine #2
- Polio Vaccine #3
- Polio Booster
- Hepatitis #1
- Hepatitis #2
- Hepatitis #3
- Varicella #1
- Varicella #2

According to 28 Pa. Code 23.92 (b), a letter in writing stating moral and or ethical beliefs must accompany this form.