



## 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 clear you)**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Address City State Zip code

Current Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Current Phone: \_\_\_\_\_

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

- 1) State the reason for your request (medical, personal, 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**

Address (office stamp okay):

\_\_\_\_\_  
**Print Name and title**

Telephone: \_\_\_\_\_

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**Upload completed form and documentation at [MyWesternHealth.wvu.edu](http://MyWesternHealth.wvu.edu):**

Log in with your WWU universal account credentials, select Downloadable Forms, Immunization Records, and follow the directions posted there.

If you experience difficulties using MyWesternHealth, you may email your records to [Student.Health@wwu.edu](mailto:Student.Health@wwu.edu), FAX 360-650-3883, or call 360-650-3400 option 1 for assistance.