



Student #: _____

SUMMER QUARTER ONLY STUDENT

Request for a WAIVER from the Measles Immunity Registration Requirement

I did not attend WWU the previous Spring quarter and will not attend WWU the following Fall quarter and request a waiver from the measles immunity requirement as a summer-quarter-only student.

I understand that this waiver is valid only for summer quarter.

I understand that immunity to measles (rubeola) is a condition of continuing my attendance at WWU, if I was born in 1957 or later. I understand that it is recommended that I prove immunity with the dates for having received two doses of measles vaccine or with a positive rubeola titer (blood test for antibodies). I understand that approval of this waiver means that if I am exposed to measles, I may be **restricted from school 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 and the policy concerning it. All my questions have been answered to my satisfaction.

Date: _____

Student #: _____

Date of Birth: _____

Name: _____
(Please Print)

Signature: _____

Current Phone #: () _____

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

Questions?: Please e-mail Student.Health@wwu.edu or call (360) 650-3400 or visit our website www.wwu.edu/chw/student_health

~Your Registration Hold will be Removed upon Receipt of this Form~