

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 #: _____

Name: _____
(Please Print)

Signature: _____

Current Phone #: () _____

Fax this form to: Student Health Center, WWU (360) 650-3883

or

Mail this form to: Student Health Center, WWU
MS 9132
516 High Street
Bellingham, WA 98225-9132

Questions?: Please e-mail Student.Health@wwu.edu or call (360) 650-7352

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