
Personal Physician Immunization Waiver

The CDC highly recommends that college students receive the full two-dose series for MMR in the case that there is no record of previous vaccination to prove immunity during a disease outbreak.

Name

Date of Birth

Panther I.D.

TEMPORARY waiver has been granted for _____, as of today because:
(number of days)

- _____ Patient is pregnant
- _____ Patient is breastfeeding
- _____ Possibility of pregnancy exists
- _____ Patient has recently been immunized
- _____ Patient has a temperature above 100 degrees F.
- _____ Patient is currently ill
- _____ Other (Explain) _____

PERMANENT exemption has been granted because:

- _____ Patient is on medications*, which contraindicate the injection.
*These medications are _____
- _____ Patient has had a severe anaphylactic reaction to eggs
- _____ Other (Explain) _____

Healthcare Provider
Signature Required

Date

Health Care Provider
Office Stamp