**Student Immunization Waiver**

**Part I – Student Information**

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| --- | --- |
| Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUP ID: \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ | First semester of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |

**Part II – Immunization Waiver Request**

You may request exemption from one or more of the three vaccinations required by AUP based on religious or medical grounds. Exemptions will be granted after you complete this form, providing a written statement and signature below.

Medical exemptions should be accompanied with a written note from a medical provider indicating the nature and duration of the medical condition which contraindicates an immunization. **In the event of a communicable disease outbreak, students who are not immunized or are without laboratory evidence of immunity may be excluded from school activities.**

I request an exemption from the following vaccinations (check all that apply):

|  |  |
| --- | --- |
| **Immunization** | **Request Exemption (check below)** |
| **Measles, Mumps and Rubella (MMR)** |  |
| **Tetanus**  **Diphtheria or DPT** |  |
| **Meningitis**  **(A, C, Y, W-135)** |  |

Explain why you are requesting exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach all supporting documents and a separate sheet with further information as needed. All documents should be in French or English or translated into French or English.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_