

**MEASLES, MUMPS, AND RUBELLA (MMR) WAIVER REQUEST**\_\_\_\_\_  
Student Last Name, First Name\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)\_\_\_\_\_  
Penn State ID Number**INFORMATION ABOUT MEASLES, MUMPS, AND RUBELLA WAIVER FORM**

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

**Measles**

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

**Mumps**

- Mumps virus causes fever, headache, muscle pain, loss of appetite, painful swallowing and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and possibly sterility.

**Rubella (German Measles)**

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through coughing, sneezing, and saliva through activities such as kissing and sharing drinks. You can easily catch them by being around someone who is already infected.

Measles, Mumps, and Rubella (MMR) vaccine can protect children (and adults) from all three of these diseases. Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be; but, if we stopped vaccinating, they would return.

A student wishing to request an exemption from the MMR vaccine must provide a written statement indicating the medical, philosophical or religious objections to the vaccination(s). A student who has been exempt from a vaccination is considered susceptible to the disease(s) for which the vaccination offers protection.

For the safety of our campus community, the student will be subject to removal from the University, if the University and/or state or local public health department advises removal due to a communicable disease outbreak.

Requests for medical exemption must be signed by a healthcare provider (M.D., D.O., PA-C, CRNP, NP, RN) indicating why this vaccine is contraindicated. Requests for philosophical exemption must include a detailed written statement of personal beliefs. Request for religious exemption must include a detailed written statement of personal beliefs or a letter from clergy.

**STUDENT INSTRUCTIONS FOR SUBMISSION OF COMPLETED WAIVER REQUEST FORM:**

Using your Penn State access account information, log into MyUHS ([www.studentaffairs.psu.edu/health/myuhs](http://www.studentaffairs.psu.edu/health/myuhs)) and click on View My Clearances. Scroll down to Clearance Exemption. Click on Request an Exemption, enter your exemption(s) and upload the completed form. Your request will be reviewed, and you will receive a secure message through MyUHS with the outcome of your request. Please allow one week for a response. If your exemption is denied, you will be asked to comply with the requirement. **If you fail to comply, a registration hold will be applied to your LionPATH account restricting you from registering for future semesters.**



UNIVERSITY HEALTH SERVICES  
 128 STUDENT HEALTH CENTER  
 542 EISENHOWER RD  
 UNIVERSITY PARK, PA 16802  
 PHONE (814) 865-4847

### MEASLES, MUMPS, AND RUBELLA (MMR) WAIVER REQUEST

\_\_\_\_\_  
 Student Last Name, First Name                                  Date of Birth (MM/DD/YYYY)                                  Penn State ID Number

By signing this waiver, I acknowledge that I have been informed that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I have read the information about the risks of MMR disease and the benefits of immunization on page 1. I hereby attest that I am declining immunization at this time for the below identified reason.

**REASON (check one):**

**Medical** (This section to be completed by your healthcare provider)

Contraindication to vaccination: \_\_\_\_\_

Healthcare Provider Name (please print)		Title:
Signature of Healthcare Provider:	Phone:	Date:
Office Address or Organizational Stamp		

**Religious** [Attach a letter from clergy or provide a statement of your beliefs below]

\_\_\_\_\_  
 \_\_\_\_\_

**Philosophical/Other** [Provide a statement of your beliefs/reason below]

\_\_\_\_\_  
 \_\_\_\_\_

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

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*If student is a minor (under age 18)*

Printed Parent/Legal Guardian Name: \_\_\_\_\_