



UNIVERSITY HEALTH SERVICES
 128 STUDENT HEALTH CENTER
 UNIVERSITY PARK, PA 16802
 PHONE (814) 865-2398
 FAX (814) 865-9309

FOR UHS USE ONLY: Please check box, initial & date

Approved
 Temporarily Approved To Expire In
 30 days, 60 days or _____ days
 Denied
 Initial: _____ Date: _____

MEASLES, MUMPS, AND RUBELLA (MMR) WAIVER REQUEST

PRINT STUDENT NAME [LAST, FIRST, MI]

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 exempt him/herself 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) 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:

Return the completed and signed form (page 2) by mailing or faxing to the above address or fax number. Please make sure your Name and PSU ID are on all pages being sent. Your request will then be reviewed and you will receive a secure message through MyUHS with the result of your request. Please allow one week for response. If your exemption is denied, you will be asked to comply with the requirement. If you do not comply with Penn State's immunization requirement, a registration hold will be applied to your LionPATH account restricting all future enrollment activity.

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.



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I have read the above information about the risks of MMR disease and the benefits of immunization. I hereby attest that I am declining immunization at this time for the below identified reason.

REASON (check one):

Medical

Contraindication: _____

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

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

Philosophical [Provide a statement of beliefs below]

Student Signature: _____ Date: _____

Signature of Parent (if under age of 18): _____

Printed Parent Name (if under age of 18): _____