

University Health Services 128 Student Health Center 542 Eisenhower Rd. University Park, PA 16802 (814) 865-4847

MEASLES, MUMPS, AND RUBELLA (MMR) WAIVER REQUEST

Student Last Name, First Name	Date of Birth (MM/DD/YYY)	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) and click on View My Clearances. Scroll down to Clearance Exemption. Click on Request an Exemption, enter your MMR 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.



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illness should I contract a disease that	could have been prevented through pe benefits of immunization on page 1	e placing myself and others at risk of serious proper vaccination. I have read the information I. I hereby attest that I am declining immunization
REASON (check one):		
Medical (This section to be compl		
Contraindication to vaccination:		
Healthcare Provider Name (pleas	e print)	Title:
Signature of Healthcare Provider:	Phone:	Date
Office Address or Organizational	Stamp	
Religious [Attach a letter from cle	gy or provide a statement of your be	eliefs below]
Philosophical/Other [Provide a sta	ntement of your beliefs/reason below	v]
Student Signature		Date
Parent/Legal Guardian Signature If student is a minor (under age 18)		Date
Printed Parent / Logal Guardian Name		