

WHITMAN COLLEGE

WELTY HEALTH AND COUNSELING CENTER

Certification OF EXEMPTION Immunization Waiver

Must be completed and signed by student (parent/guardian if under age 18) and licensed provider.

_____ I request to waive the Mumps, Measles and Rubella vaccine that is required by Whitman College.

_____ I agree that I am considered at risk for the diseases for which vaccination offers protection and that I may be required to leave the Whitman campus during an outbreak of the diseases that I am not vaccinated against, and I will comply with the quarantine or isolation procedures of the institution and of the community.

_____ **Religious Exemption:** I belong to a church or religion that objects to the use of medical treatment.

_____ **Medical Exemption:** I have a medical contraindication to the MMR vaccine documented by my medical provider.

_____ I have discussed the benefits and risks of this immunization with the medical provider listed below.

Student's Signature _____ **Whitman ID#** _____

Student Name (please print): _____

Date: _____

Parent or Guardian Signature (If under 18) _____

Physician's Signature _____

Physician Name _____

Physician Address/Phone _____

July 2019 Washington State Exemption Law removed the personal and philosophical option.