

APPENDIX A † PROOF OF MEASLES, MUMPS, RUBELLA,
VARICELLA AND MENINGOCOCCAL IMMUNIZATION

_____ I agree to not participate in any programs or activities on the University while I am completing my coursework at the University when participating in classes or during any breaks. This includes, but is not limited to, the following graduation activities: commencement, the Honors and Awards Ceremony, and any equivalent event(s).

_____ I agree not to come to campus for assistance I require from the University, such as billing assistance, academic advising, etc. For such services I will contact someone and receive help via phone or email.

_____ I agree that if I should change my mind and would like to disqualify myself for this exemption, I will take appropriate steps as indicated in the Immunization Policy.

_____ I agree that if I require any accommodations through the Accessibility Office, I will notify the Coordinator/Director of my immunization exemption.

I understand and agree to the following if my exemption is accepted:

That by filing for an exemption in the Immunization Policy, I will not be allowed on campus in the event of an outbreak for the duration of the outbreak if a disease for which I am not immunized is required by law and indicated in my records. I will accept any of the associated consequences.

That should I be exposed to a disease for which I am not immunized by law and indicated in my records, I agree to notify the University and understand that I will not be allowed on campus unless it has been determined that it is medically safe for me and the University Community, and I will accept any associated consequences.
