



Waiver for Mandatory Immunizations including Seasonal Influenza Vaccine

Academic Year: _____

A student can request a waiver for a University immunization requirement from the Office of Student Services and their respective College Dean/Program Director, but the student must be aware that the requirements are established by affiliated rotation sites and Midwestern University.

Name: _____

Program: _____ Year of Graduation: _____

Reason for Requesting Waiver:

_____ Medical Condition (must provide supporting documentation).

_____ Religious/Philosophical Reasons (must provide letter from cleric or detailed personal statement).

I am requesting a waiver for: _____ All Immunizations
_____ Seasonal Influenza
_____ Other (specify) _____

Consequences of Waiving Mandatory Immunizations:

By signing this waiver, I signify that I understand that failure to satisfy immunization requirements will compromise my ability to participate at certain clinical rotations sites that require those immunizations. Moreover, procurement of alternate clinical experiences and/or clinical rotation sites that do not require immunizations may not always be possible. As a result, my progression through my academic program is likely to be slowed as a result of leaves of absence, my anticipated graduation date is likely to be delayed, or I may be unable to complete my respective clinical program and not graduate. If my clinical training is at a Midwestern University clinic, I will be required to follow the patient contact restrictions stipulated by the University Office of Risk Management and health professional degree program.

Signature of Student

Date

Signature of Program Director/Dean

Date

Signature of Dean of Students

Date

cc: Clinical Coordinators