

Immunization Waiver --Southeast Community College Health Sciences

Student Name: _____ SCC ID# _____ Date Received: _____

MEDICAL WAIVER: For students who are not immunized for medical reasons, please have a medical provider complete and sign this form; or a provider may submit a separate, signed document that specifies the immunization(s) and reason(s) for the medical waiver. You must attach any such document to this form. Then, the student (or, if under age 19, the student's parent or guardian) must sign this waiver before a notary and return this form to the college during the application period for the desired program of study.

I do not have the following immunizations that are required by our clinical partners:

q Measles/Rubella, Mumps, Rubella

q DSARS-CoV-2 (COVID-19)

q Hepatitis B

q Varicella-Zoster (Chicken Pox)

q TDap: Pertussis, Diphtheria, Tetanus

q Influenza (flu shot-seasonal)

Reason for Medical Waiver: _____

In the event of an outbreak of a communicable disease or request of clinical partners, unimmunized students may be excluded from clinical by our clinical partner.

Date _____ Medical Provider's Signature _____

(Required)

Print Medical Provider's Name _____

(Required)

Date _____ Student/Parent/Guardian Signature _____

(Required)

RELIGIOUS WAIVER: If immunization conflicts with religious beliefs and convictions, the student must present this form AND a notarized statement from religious leadership indicating the reason the immunization(s) conflict(s) with your religious practice or belief. You must present both documents to the college during the application period for the desired program of study.

I, _____, attest that because of my religion, I do not have the following immunizations that are required by our clinical partners: