

Request for Exemption of Measles, Mumps, and Rubella Vaccine

I understand that immunization is an effective way to protect against serious preventable diseases. I also understand the risk of non-immunization, particularly in a group setting such as a university campus.

I request an exemption from the immunity to vaccine measles, m	•	nission requirement that all students show llowing reasons:	evidence of
Religious			
Medical			
Philosophical			
my name will be released to applikely be confined to my living question during the period of communical University community I will likely RESIDENTIAL FACILITIES, durappropriate public health author I understand the risks of non-im Health (including appropriate public).	propriate public health author propriate public health author private private bility. I also understand that be prohibited from attending the incubation period of ities including the Ohio Deput public health authorities) from es, mumps and rubella, including the Ohio property.	ess the University of Dayton and the Ohio any responsibility for adverse consequer uding but not limited to contracting one or	ealth and I will appropriate, gnosed in the CLUDING sity of Dayton or Department of aces of my refusal
Date	Print Name		
	Student Signature		
	Student ID#	Date of Birth	
Date	Parent or legal guardian_		
	(If student is under 18 year	ars of age)	

^{*}Please return completed form via email healthcenter@udayton.edu, fax 937-229-3107, or mail to 300 College Park, Dayton, OH 45469-0900.