



Waiver for Mandatory Immunizations Including Seasonal Influenza Vaccine

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

Name: _____

Program: _____ Student ID#: _____ Graduation Year: _____

Reason for Requesting Waiver:

_____ Medical Condition **(must provide supporting documentation from your treating physician)**
_____ Religious Concern **(must provide supporting documentation from your religious leader)**

I am requesting a waiver for:

_____ Immunizations: Please specify vaccine(s) _____

_____ Seasonal Influenza (flu)

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 absences, 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