



## Request To Waive Proof of Measles Immunity for Employment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_ W# \_\_\_\_\_

I understand that:

- The university recognizes that rubeola measles poses significant health risks to non-immune individuals including death, disruption to university activities and operations, and expense to control.
- Providing proof of immunity to measles (rubeola) is a condition of employment at WWU.

I request a waiver to the requirement of providing proof of measles immunity for the following reason(s):

---



---



---

### Health Care Provider Certification (required for medical reasons)

I certify that this employee has legitimate medical reasons for inadequate rubeola immunity.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

If my request for a waiver is approved, I understand that if an official outbreak is declared, I will be:

- **Prohibited from physically reporting to work until is it determined to be safe to return, and**
- **Required to follow the policy and procedures regarding banned employees.**

I have been given an opportunity to ask questions about the vaccine, the titer and the proof of immunity policy concerning it. I have no questions or all my questions have been answered to my satisfaction.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### Approval by Student Health Center:

Approved  Not Approved Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_