

Student #: \_\_\_\_\_



**SUMMER QUARTER ONLY STUDENT**

**Request for a WAIVER from the Measles Immunity Registration Requirement**

I did not attend WWU the previous Spring quarter and will not attend WWU the following Fall quarter and request a waiver from the measles immunity requirement as a summer-quarter-only student.

I understand that this waiver is valid only for summer quarter.

I understand that immunity to measles (rubeola) is a condition of continuing my attendance at WWU, if I was born in 1957 or later. I understand that it is recommended that I prove immunity with the dates for having received two doses of measles vaccine or with a positive rubeola titer (blood test for antibodies). I understand that approval of this waiver means that if I am exposed to measles, I may be **restricted from school from the 5th through the 21st day after exposure or for 7 days after the rash appears**. I have been given an opportunity to ask questions about the vaccine and the policy concerning it. All my questions have been answered to my satisfaction.

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

Student #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

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

Current Phone #: (    ) \_\_\_\_\_

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**Fax this form to:** Student Health Center, WWU (360) 650-3883

*or*

**Mail this form to:** Student Health Center, WWU  
MS 9132  
516 High Street  
Bellingham, WA 98225-9132

**Questions?:** Please e-mail [Student.Health@wwu.edu](mailto:Student.Health@wwu.edu) or call (360) 650-7352

***~Your Registration Hold will be Removed upon Receipt of this Form~***