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 Human Resources
O Approved O Not Approved
Comments:

Signature: _____ Date: _____