



# Chadron State College Immunization Waiver Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Month / Day/ Year

I understand that in order to register at Chadron State College I must show a physician-validated immunization record for measles, rubella, diphtheria and tetanus according to Nebraska State Colleges Board of Trustees Policy #3000 (as printed on the back of this form). In consideration of having been granted an exemption from the requirement to show proof of immunization for admission purposes to Chadron State College, I, do hereby consent to being excluded, at the sole discretion of the College, from any and all campus and college related activities, including classes, during any outbreak period of measles or rubeola on campus. Furthermore, in consideration of the exemption granted, I hereby waive, release, discharge and covenant not to sue the College, the Board of Trustees, or any of its officers, employees or agents from all liability, claims, demands, losses or damages to my person or property that may result from any act or failure to act, by the College during such exclusion. I hereby certify that I have carefully read the foregoing and acknowledge that I fully understand the above terms and conditions. I am applying for the following exemption. (Please initial the appropriate exemption.)

## Temporary Exemption

\_\_\_\_\_(Student Initials)

After reviewing this policy, I am requesting a temporary exemption from the requirement to show proof of immunization as I intend to enroll only in off-campus courses or courses offered off-campus by distance learning technology. I understand that this exemption will be reviewed each semester as students who enroll in on-campus courses will be required to show proof of immunization prior to registering.

\_\_\_\_\_  
Student Signature Date Parent Signature (if student under age 19) Date

## Medical Exemption

\_\_\_\_\_(Student Initials)

After reviewing this policy, I am requesting an exemption from these requirements as my physical condition makes the required immunization unsafe at this time. The specific nature of my physical condition is: \_\_\_\_\_ and the probable duration of this condition is until (Date) \_\_\_\_\_. I understand that this exemption shall not extend beyond the period of the aforementioned condition which contraindicates immunization. *I am attaching a bona fide statement signed by a physician licensed to practice medicine within the United States verifying this information.*

\_\_\_\_\_  
Student Signature Date Parent Signature (if student under age 19) Date

## Religious Exemption

\_\_\_\_\_(Student Initials)

After reviewing this policy, I am requesting an exemption from these requirements as immunizations are contrary to the religious tenets and practices of my faith.

<i>For Religious Exemption only:</i> This statement must be read and the form signed by the student applicant and the parent or guardian if the student applicant is under 19 years of age. The signature(s) must be verified below by a Notary Public.	
_____ Student Signature	_____ Parent Signature(if student under age 19)
<i>To be completed by the Notary Public:</i> Subscribed and sworn to before me this ____ day of _____, _____.	NOTARY SEAL
_____ Signature of Notary Public	

Please return this form to  
CSC Health Services, 1000 Main Street, Chadron, NE 69337  
1-800-CHADRON