



SCHOOL OF NURSING

IMMUNIZATION EXEMPTION/WAIVER

(A copy to be placed in Student's file)

Please use this form to request immunization exemption for any of the below-listed reasons. Please check the appropriate box and provide the requested information. Only one item may be listed on any form. Generate an individual form for each immunization waiver request.

- A. Health-Related.** A health care provider must provide a statement on letterhead or an imprinted prescription pad stating that the vaccine is contraindicated for the patient.

Name of immunization: _____

- B. Polio.** Please check ALL that apply.

I am unable to locate childhood records.

I have not traveled to an endemic area in the past **35 days** (currently Afghanistan, Nigeria, and Pakistan)

- C. Shortage.** Unable to locate vaccine record.

Name of immunization: _____

Geographic area experiencing shortage: _____

- D. Other.**

Name of immunization: _____

Reason: _____

I understand that many practicum sites require attestation of full immunization. If I claim exemption, I may be excluded from practicum coursework at certain practicum sites. Please note that the CDC no longer recognizes a history of disease as proof of immunity. You must provide a titer or evidence of vaccine.

Student Signature

Date

Printed Student Name

School of Nursing Program

FOR SON OFFICE USE ONLY:

School of Nursing Staff Signature

Date

Printed Staff Name

Title

Submit this form to sonaa@loyno.edu for Loyola staff signature.