CALIFORNIA STATE UNIVERSITY, LONG BEACH
ATHLETIC TRAINING EDUCATION PROGRAM

Immunization Waiver Form
MEASLES AND RUBELLA, HEPATITIS B, MENINGOCOCCAL VACCINE

Student ID: _________________________ Date of Birth (mm/dd/yyyy): ____________

Last Name First Name MI

EXEMPTIONS

☐ It is current medical opinion the contraindications to taking the MMR vaccine are: during pregnancy, within three months of receiving gamma globulin or transfusion or conditions associated with altered immunity such as malignancies, cortisone treatment, seizure disorder and immune deficiencies (e.g. HIV/AIDS). The vaccine is also contraindicated with severe allergic reaction to gelatin, the antibiotic neomycin.

☐ People should not get HEPATITIS B vaccine if they have ever had a life threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of Hepatitis B vaccine.

☐ People who are severely or moderately ill at the time the shot is scheduled should wait until they recover before getting HEPATITIS B or MMR vaccine

☐ People should not get Meningococcal vaccine if they have a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. People with history of Guillain Barré syndrome should consult with primary care doctor before receiving the vaccine.

I REQUEST A PERSONAL MEDICAL EXEMPTION –

SIGNATURE ___________________________ DATE ___________________________

☐ I affirm that medical treatment, including the receiving of immunizations, is contrary to my religious beliefs and/or personal/philosophical beliefs.

I REQUEST A PERSONAL RELIGIOUS EXEMPTION –

SIGNATURE ___________________________ DATE ___________________________

ATEP Verified by: ________________ Date: ________________________