



MMR/VARICELLA WAIVER OF REQUIRED VACCINATIONS

Individuals 18 years of age and older may sign a written waiver choosing not to be vaccinated. For individuals under 18 years of age, the parent or guardian of the individual must review the information on the risks of vaccine preventable disease and sign a written waiver that he/she has chosen not to have the individual vaccinated against these diseases.

For individuals 18 years of age or older:

I am 18 years of age old or older. I have received and reviewed the information provided on the risk of vaccine preventable disease and the effectiveness and availability of vaccinations. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccinations against vaccine preventable diseases per Center for Disease Control (CDC) recommended vaccination schedule unless the individual signs a waiver to the vaccinations. I understand that Stevenson University requires that an individual attending classes in-person shall receive vaccinations against preventative diseases per the CDC unless the individual signs a waiver to the vaccinations. I understand that as a Stevenson University student, I am not permitted to live on campus in the event of a confirmed case of a required vaccine preventable disease (MMR, Varicella) in the Residence Halls. I understand that it will be my own responsibility to find temporary housing should this instance arise.

I choose to waive receipt of the required vaccinations; Varicella and MMR.

Signature of Individual	SU ID	Date
Student Name Print	SU Email address	DOB

For individuals under the age of 18:

I have received and reviewed the information provided on the risks of vaccine preventable diseases and the effectiveness and availability of vaccinations. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against vaccine preventable diseases per Center for Disease Control (CDC) recommended vaccination schedule unless a waiver to the vaccinations is signed. I understand that Stevenson University requires that an individual attending classes in-person shall receive vaccinations against preventative diseases per the CDC unless the individual signs a waiver to the vaccinations. As a parent/guardian of a Stevenson University student I understand that he/she is not permitted to live on campus in the event of a confirmed case of a required vaccine preventable disease (MMR, Varicella) in the Residence Halls. I understand that it will be my own responsibility to find temporary housing for my child should this instance arise. Once my child reaches age 18, I understand he/she will be asked to sign this waiver on their own.

I choose to waive receipt of the required vaccinations vaccine for my child, _____
(Name of child)

Signature of Individual	Date
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Witness (Healthcare Provider):

Signature

Date

Name (Printed)

Position