CALIFORNIA HEALTH & SAFETY CODE

§ 120365. Letter or affidavit stating beliefs opposed to immunization; Temporary exclusion from school
Immunization of a person shall not be required for admission to a school or other institution listed in Section 120335 if the parent or guardian of an adult who has assumed responsibility for his or her care and custody in the case of a minor, or the parent seeking admission if an emancipated minor, files with the governing authority a letter or affidavit stating that the immunization is contrary to his or her beliefs. However, whenever there is good cause to believe that the person has been exposed to one of the communicable diseases listed in subdivision (a) of Section 120325, that person may be temporarily excluded from the school or institution until the local health officer is satisfied that the person is no longer at risk of developing the disease.

§ 120370. Statement by physicians contraindicating immunization
If the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization, that person shall be exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician’s statement.

Completed forms should be submitted as follows:
Fax: (888) 471-2290  Mail: USF Health Promotion Services
Email: hps@usfca.edu  2130 Fulton Street
In person: UC Fifth Floor San Francisco, CA 94117

STUDENT INFORMATION:
Last __________________________________ First ___________________________ ID Number _____________

Email __________________________________________________________ Phone __________________________

I request exemption from the MMR immunization requirement for school entry because these immunizations are in conflict with my personal beliefs, religious beliefs, or a medical condition. I understand that in a case of an outbreak of any of the diseases listed in subdivision (a) of Section 120335 that I may be temporarily excluded from school for my protection.

I hereby release the University of San Francisco, its directors, officers, employees, and agents for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind that I may suffer as a result of my waiving the USF immunization requirement.

Student signature ____________________________________________ Date ______________________

PARENT/GUARDIAN SIGNATURE (required for students under 18 years of age)
Signature ____________________________________________ Date ______________________

Office Use Only
Approved __________________________________________
Denied __________________________________________
Pop:  UG dom  On-campus GR  Oper sig ______________________ Date ______________________
Intl