



# Health Insurance

## Immunization Affidavit

### 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 or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person 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:

<b>Fax:</b>	(888) 471-2290	<b>Mail:</b>	USF Health Promotion Services
<b>Email:</b>	hps@usfca.edu		2130 Fulton Street
<b>In person:</b>	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