Immunization Waiver--Southeast Community College Health Sciences

Student Name:		SCC ID#	Date Received:
nd sign this form; or a provic or the medical waiver. You r	der may submit a separate, must attach any such docu n this waiver before a notar	, signed document that spe ment to this form. Then, th	blease have a medical provider complete ecifies the immunization(s) and reason(s) e student (or, if under age 19, the student's e college during the application period for
do not have the following im	nmunizations that are requi	red by our clinical partners	:
☐ Measles/Rubella, Mumps, Rubella		DSARS-CoV-2 (COVID-19)	
Hepatitis B		☐ Varicella-Zoster (Chicken Pox)	
TDap: Pertussis, Diphtheria, Tetanus		☐ Influenza (flu shot-seasonal)	
Reason for Medical Waive	er:		
be excluded from clinical	by our clinical partner.		I partners, unimmunized students may
Date	Medical Provider's	Signature	(Required)
	Print Medical Provi	der's Name	(Required)
Date		ardian Sidnature	
ND <u>a notarized statement</u> eligious practice or belief. Yo	mmunization conflicts with i	religious beliefs and convic indicating the reason the	(Required) etions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired
RELIGIOUS WAIVER: If in ND <u>a notarized statement</u> eligious practice or belief. Yo	mmunization conflicts with r from religious leadership ou must present both docu	religious beliefs and convic <u>o</u> indicating the reason the ments to the college during	ctions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired
RELIGIOUS WAIVER: If ir ND <u>a notarized statement</u>	mmunization conflicts with i <u>from religious leadership</u> ou must present both docu	religious beliefs and convic <u>o</u> indicating the reason the ments to the college during , attest that because	ctions, the student must present this form immunization(s) conflict(s) with your
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RELIGIOUS WAIVER: If ir ND <u>a notarized statement</u> eligious practice or belief. Yo rogram of study. I, immunizations that are <u>requ</u> Check appropriate boxes:	mmunization conflicts with r from religious leadership ou must present both docur ired by our clinical partners	religious beliefs and convic <u>o</u> indicating the reason the ments to the college during , attest that because <u>s</u> :	ctions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired of my religion, I do not have the following 2 (COVID-19)
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RELIGIOUS WAIVER: If ir ND <u>a notarized statement</u> eligious practice or belief. Yo rogram of study. I,	mmunization conflicts with r from religious leadership ou must present both docur ired by our clinical partners lumps, Rubella	religious beliefs and convic indicating the reason the ments to the college during , attest that because s: DSARS-CoV-2 Varicella-Zoste Influenza (flu s	ctions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired of my religion, I do not have the following 2 (COVID-19) er (Chicken Pox)
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RELIGIOUS WAIVER: If in ND <u>a notarized statement religious practice or belief. Your ogram of study.</u> I,	mmunization conflicts with a <u>from religious leadership</u> ou must present both docur <u>lired by our clinical partners</u> lumps, Rubella phtheria, Tetanus s: (Check if a true statement ractice of a recognized religed conflicts with personally and k of a communicable diseded by our clinical partner. Student/Parent/Guar	religious beliefs and convic indicating the reason the ments to the college during , attest that because s: DSARS-CoV-2 Varicella-Zoste Influenza (flu s sincerely followed religiou ease or request of clinica	ctions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired of my religion, I do not have the following 2 (COVID-19) er (Chicken Pox) shot-seasonal) ch the student is an adherent or member of is beliefs of a student.
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RELIGIOUS WAIVER: If ir ND a notarized statement is eligious practice or belief. Your rogram of study. I,	mmunization conflicts with a from religious leadership ou must present both docur ired by our clinical partners fumps, Rubella phtheria, Tetanus s: (Check if a true statement ractice of a recognized religion conflicts with personally and k of a communicable discondicts by our clinical partner. Student/Parent/Guar)) SS.)	religious beliefs and convic <u>o</u> indicating the reason the ments to the college during , attest that because <u>s</u> :	ctions, the student must present this form immunization(s) conflict(s) with your g the application period for the desired of my religion, I do not have the following 2 (COVID-19) er (Chicken Pox) shot-seasonal) ch the student is an adherent or member of is beliefs of a student.

Please submit to the SCC Health Sciences Division (healthsciences@southeast.edu)