



**DECLINATION OF REQUIRED IMMUNIZATION(S)**

**This form must be approved and signed by your Academic Program Director or Clinical Coordinator**

I hereby acknowledge that I am aware the following immunizations are required for my admission to Samuel Merritt University.

\_\_\_\_\_ Hepatitis B Vaccine (3 doses)

\_\_\_\_\_ MMR (2 doses)

\_\_\_\_\_ Varicella (2 doses)

\_\_\_\_\_ Tdap

I decline the above checked immunizations because of (check one or more below):

A. Medical reason - **Official verification from a licensed physician must accompany this form.**

B. Religious beliefs against immunizations or inoculations

I understand that by signing below, I acknowledge that I am aware of the potential consequences of being unvaccinated, including contracting a potentially serious vaccine-preventable disease and transmitting it to others, academic failure and even withdrawal from school as a result of the disease. I also understand that in case of a disease outbreak, I may be temporarily excluded from campus for my protection as a result of my lack of immunity.

1. For medical reason, obtain a letter from your medical provider.
2. Obtain approval signature from your department's Clinical Coordination or program director.
3. Upload a signed copy of this form to Student Health Portal: <https://studenthealth.samuelmerritt.edu/>

\_\_\_\_\_  
Student's LastName, First

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Academic Program Director or  
Clinical Coordinator

\_\_\_\_\_  
Date Approved