



**SAN FRANCISCO
STATE UNIVERSITY**

OFFICE OF THE REGISTRAR

1600 Holloway Avenue
San Francisco, CA 94132

Tel: 415/338-2350
Fax: 415/338-0588

Measles/Rubella Immunization Waiver

PRINT NAME: _____

SFSU ID#: _____ **DOB:** _____
mm/dd/yy

ADMITTED FOR: (Circle appropriate term) **Fall/Spring 20**____

STUDENT STATEMENT OF EXEMPTION

- I request a medical exemption. Based on a letter or note from a physician indicating the reason for the exemption. Attach letter or note, signed by physician.
- I request an exemption from the measles/rubella immunization requirement because it is contrary to my religious or personal beliefs.

I understand that in the event of an outbreak of either of these diseases, I am to be temporarily excluded from class, university residence halls, or the campus for my protection and for the protection of other students, faculty and staff.

Student Signature: _____ **Date:** _____

For Office Use Only

Hold Removed: _____

Initials: _____

Date: _____