



Immunization Waiver Form

In accordance with the American College Health Association, Providence Christian College requires the following immunizations for all students:

- Hepatitis B Vaccine
- MMR (Measles, Mumps, Rubella) Vaccine
- Tetanus-Diphtheria Vaccine
- Varicella Vaccine or History of Chickenpox

However, we also recognize a wide range of personal beliefs and convictions regarding the benefits and risks of vaccinations. In order to do all that is in our power to ensure a healthy community, we abide by the ACHA requirements for immunizations. If a student chooses not to comply with the immunization requirement, he or she must complete the waiver below.

I, _____, waive the requirement for the following immunizations:

- Hepatitis B Vaccine
- MMR (Measles, Mumps, Rubella) Vaccine
- Tetanus-Diphtheria Vaccine
- Varicella Vaccine

I understand the benefits and risks of the immunizations and am making an informed decision based on that information. I understand that Providence may have to take action upon me in extreme cases (like imposing a quarantine), to ensure the safety of myself and the college community. Additionally, I agree to hold Providence Christian College harmless in the event of any illness or injury resulting from my non-compliance with the immunization requirement.

Name of Student (print) _____

Student Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If student is under 18 years of age)

Return completed form to:

Office of Student Life
Providence Christian College
464 E. Walnut St.
Pasadena, CA 91101

Office Use Only:

Form received by: _____ Date received: _____ Filed by: _____

Scanned in database by: _____ Date scanned: _____