

Exemption Affidavit Regarding Immunization

I _____, hereby request exemption from the LMU
(Name)

Immunization requirement for vaccine preventable diseases Measles, Mumps and Rubella (MMR) because:

- _____ I was born before January 1, 1957. (Persons born before January 1, 1957 are considered immune from Measles, Mumps and Rubella.
- _____ I am pregnant (temporary exemption). A signed statement from a physician stating that the student is pregnant or is suspected of being pregnant. Pregnancy exemptions are only applicable to MMR requirements. (Physician's statement - use space below)
- _____ Medically contraindicated. (Physician's statement - use space below)
- _____ Religious exemption. A written, signed and dated statement from the church, student or The student's guardian, if the student is a minor, documenting their objection based on the religious tenets or practice of a recognized church or religious organization, of which the student is an adherent or member. (Use space below)
- _____ Philosophical exemption. A statement of personal beliefs which prohibit immunization. (Use space below)

I understand that by claiming exemption for the above reason(s), and in the event of an outbreak of any vaccine preventable diseases, I may be excluded from the University campus (es) for all purposes for my own protection and that of the LMU community until the outbreak is cleared by the Los Angeles County Department of Health Services or be immunized (must submit proof of immunization). I further understand that I assume any and all liability that may arise from my decision not to be immunized. If I am not 18 years of age, my parent or legal guardian must sign below.

(Student's name) (Date) (Parent or Guardian, if required) (Date)