Wichita State University
School of Nursing

Vaccination Waiver

I understand that as a student healthcare clinician I have potential exposure to blood or other potentially infectious materials/agents that place me at risk of acquiring infectious diseases including (but not limited to) hepatitis B, varicella, influenza, etc. I understand that I should receive vaccinations as recommended by the Centers for Disease Control for healthcare providers. However, I decline to receive the vaccines noted below. I understand that by declining this vaccine or booster, I continue to be at risk of acquiring infectious diseases and may pose a disease risk to my future patients.

I am declining to receive the following vaccination(s):

_______________________________________________________________
_______________________________________________________________

Reason for Waiver:
Please place a check in the appropriate box:

☐  I am an adherent of a religion that opposes vaccinations.

☐  The vaccine or booster listed below is contraindicated for the following reason: ___________________________________________________

Without full immunization I understand that I may not be able to participate in clinical rotations at some healthcare facilities which may prevent or delay graduation from the WSU School of Nursing.

__________________________________________
Student Name

__________________________________________
Date

Reviewed Chair School of Nursing (5/14/2013)
Reviewed WSU Legal (5/14/2013)