

**Request for a WAIVER from the  
Measles, Mumps, and Rubella (MMR) Immunization Requirement**

Employee Information

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

EWU Email Address: \_\_\_\_\_

Reason for your request:

**Medical**

**Religious**

**Online Instruction Only**

I understand that immunity to mumps, measles, rubella (MMR) is a condition of being employed at EWU if I was born in 1957 or later. I understand that MMR may spread quickly through a school setting and that immunizations are one of the best ways to protect myself from getting and spreading these diseases that may result in serious illness, disability, or death. I understand that EWU requires that I receive two doses of the MMR vaccine or prove immunity with a positive MMR titer (blood test for antibodies). I am requesting a waiver of the MMR immunity requirement and I voluntarily assume the risk of not being immunized. I understand that in the case of a MMR outbreak on campus, I will be notified and I will not be allowed on campus. I understand that an outbreak typically lasts for a minimum of two weeks and I will not be able to be on campus during that time period. I understand I will be required to use applicable accrued paid or unpaid leave during the period where I am not able to be on campus unless I receive permission to telework in accordance with EWU Policy 401-09. Once the outbreak is no longer in effect, I understand I will be notified that I will be able to return to campus.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL WAIVER-** must provide documentation from a health care provider:

*I certify that this employee has medical reasons for not obtaining a MMR vaccine or MMR immunity*

\_\_\_\_\_  
Health Care Provider's Signature/Title/Date

\_\_\_\_\_  
Print Name and Title

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**RELIGIOUS WAIVER-** employee must attest to the following:

*I certify that I am requesting a waiver for religious reasons*

\_\_\_\_\_  
Employee Signature

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**Upload this completed form to your Med+Proctor employee account.**