

Measles Immunity Exemption Acknowledgment Form

Student Full Name: _____ **Date of Birth:** _____

Student ID Number: _____ **Term/Semester:** _____

By submitting this exception request, I acknowledge that if my exemption is approved and I am subsequently exposed to measles during my enrollment, I agree to the following conditions:

1. Exclusion from Campus
 - I will be excluded from campus for 21 days following exposure.
 - During exclusion, I will not be permitted to attend classes, participate in campus events, visit the dining hall, or use campus facilities (including the library, Beauchamp Center, laboratories, athletic facilities, etc.).
2. Residential Students
 - If I reside in campus housing, I may be required to travel home for the entire 21-day exclusion/quarantine period.
 - I understand that travel and accommodation expenses will be my sole responsibility.
3. Academic Consequences
 - I understand that exclusion from campus may require me to miss classes, clinicals, labs, exams, or other academic responsibilities, and I may be placed on a Medical Leave of Absence (MLOA) for the semester.
 - I accept responsibility for the academic and financial consequences of missing coursework and institutional requirements due to exclusion.
4. Health and Safety
 - I understand measles is a highly contagious viral illness that can cause serious health complications.
 - I acknowledge that this exception places me and others at increased risk if exposed to measles.
5. Institutional Rights
 - The institution and public health authorities may enforce exclusion and other public health measures to protect the campus community.
 - I agree to comply with all public health directives regarding exclusion, quarantine, and reporting.

I have read, understand, and accept the conditions listed above. I am requesting this exception voluntarily and accept the responsibilities and potential consequences of that request.

Student Signature: _____

Printed Name: _____

Date: _____