

Office of Health & Safety Records  
**DECLINATION WAIVER**

This form is to be completed by students who wish to request an exemption from any of the required immunizations required by the state, college or individual academic program. All requests will be reviewed initially by the Health and Safety Records staff who may request additional supportive documentation (i.e. medical, religious, etc.) if required. Specific policies which regulate whether or not a declination request can be honored in accordance with the college, clinical site, and/or government guidelines must be reviewed by both the college and clinical site as applicable.\*

Completed forms can be submitted to [HealthAndSafetyRecords@laboure.edu](mailto:HealthAndSafetyRecords@laboure.edu).

Please select the vaccination(s) you request to decline:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> MMR       | <input type="checkbox"/> Tdap       |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza* |
| <input type="checkbox"/> Hep B     | <input type="checkbox"/> Covid-19*  |

**\*Influenza/Covid-19:** Please be aware that although Labouré College of Healthcare may approve a student waiver, some clinical sites may still opt to decline students with college approved waivers at their facility. Some locations, including the Labouré College of Healthcare campus may allow a student with an approved waiver to wear a mask and/or additional Personal Protective Equipment (PPE).

Please describe in detail why you are unable to complete the selected immunizations and/or vaccinations.

Note: Medical waivers will require documentation from a physician – please attach to this request.

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By signing this form, I acknowledge I will receive further communication on my clearance via my student email. It is my responsibility to follow-up and complete any further requirements to participate in my academic program requirements.

_____ Student Signature	_____ Printed Name	____/____/____ Date
_____ LCH Designee Signature	_____ Printed Name	____/____/____ Date

Decision and any additional requirements:

- Approved: \_\_\_\_\_  
 Denied: \_\_\_\_\_

Additional Notes:

