

VARICELLA (CHICKEN POX) VACCINE WAIVER (FORM D)

(This may deem the student ineligible for clinical placements at some sites.)

All undergraduate students seeking medical exemption must complete this form. Submit completed form to Project Concert.

Full Name (print): _____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Chickenpox (Varicella) infection. I have been given the opportunity to be vaccinated with the vaccine and wish to declare the following as cause for my exemption, by the "yes" checked for the applicable statement(s):

Part 1: To be completed by the Healthcare Provider

Questions	Yes	No
1. Does the student have a life-threatening allergy to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have previous history of adverse reactions to the Varicella vaccine(s)? Please specify: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
3. The student has received his/her first Varicella vaccination followed by a negative titer. The student has received his/her second Varicella vaccination followed by a negative titer.	<input type="checkbox"/>	<input type="checkbox"/>
4. Other reasons for permanent medical exemption:	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare Provider
Name (print) _____
Certification: MD / NP / PA / RN (circle one or write in): _____

Signature _____ Date _____

Part 2: To be completed by the Student

IF YOUR HEALTHCARE PROVIDER HAS ANSWERED YES TO ANY OF QUESTIONS 1 THRU 4, COMPLETE WAIVER. .

WAIVER OF VACCINATION

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

☐ I am not eligible to receive the Varicella vaccine based on my medical history (questions 1-4).

☐ I am pregnant and receiving a temporary exemption.

I am not eligible to receive the Varicella vaccine or have not developed immunity to Varicella, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Aspen University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to Varicella. I can access a copy, CHICKENPOX (VARICELLA) VACCINATION – WHAT EVERYONE SHOULD KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding Varicella virus. Further, I understand that my lack of immunity to Varicella may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student signature _____

Date _____