

## **MMR ON CAMPUS – KNOW YOUR RISK**

If you are planning to request a waiver from the MMR vaccine, you are required to read this information first: Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

### **MEASLES**

- Measles is a highly contagious virus that can result in serious health consequences.
- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

### **MUMPS**

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

### **RUBELLA (GERMAN MEASLES)**

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected. Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases. Thanks to successful vaccination programs, these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating, they would return.

**FOR MORE INFORMATION:** To learn more about measles, mumps, and rubella, as well as the vaccine series (or how to obtain a blood test to check immunity), call the Mercyhurst University Cohen Student Health Center at 814-824-2431, or email the center at [health@mercyhurst.edu](mailto:health@mercyhurst.edu). You may also visit the websites of the Centers for Disease Control and Prevention (CDC), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), and the American College Health Association, [www.acha.org](http://www.acha.org).

## **\*\*\*COMPLETE ONLY IF REQUESTING EXEMPTION FROM MMR VACCINE\*\*\***

### **MERCYHURST UNIVERSITY MEASLES, MUMPS, RUBELLA (MMR) VACCINE WAIVER**

I understand that Mercyhurst University requires all incoming freshman, transfer, and graduate students to provide proof of receiving the appropriate MMR vaccine series or proof of blood test results showing immunity. The appropriate vaccine series consists of two doses required at least 28 days apart for students born after 1956. Dose 1 should be given at age 12 months or later, and dose 2 given at least 28 days after the first dose. I have read the attached/enclosed MMR information where the risks of not obtaining the vaccine series are detailed. In addition, I acknowledge the detrimental health effects of the disease. I understand that Pennsylvania law requires children to have obtained the MMR vaccine before the child may begin elementary school. I have also read about and understand the availability and effectiveness of the vaccine.

I **do not wish the vaccine**, and I voluntarily agree to release, discharge, indemnify and hold harmless Mercyhurst University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law. I am also aware that in the event of an outbreak of vaccine-preventable diseases, the university will consider and may require temporary exclusion of non-immunized students from school in order to reduce the spread of the disease. Financial refunds or additional time to make up any missed coursework are not guaranteed in the event of mandatory absence under this policy. My grounds for requesting this waiver are:

\_\_\_\_\_ Medical (in addition to submitting this signed waiver, please include a signed statement from your physician verifying the medical reason the vaccine should not be provided).

\_\_\_\_\_ Religious (I, \_\_\_\_\_, adhere to a religious belief whose teachings are opposed to such immunizations.)

\_\_\_\_\_ Other (please be aware that students requesting a vaccine waiver in this category will be expected to complete a health education session in the upcoming semester designed by the Health Center)

### **To be filled out by student. If the student is under age 18, a parent/guardian must sign this waiver.**

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Student \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**PLEASE RETURN THIS TO THE COHEN STUDENT HEALTH CENTER.** You may fax it (814-347-8275); scan and email it to [health@mercyhurst.edu](mailto:health@mercyhurst.edu); or mail it to: Cohen Student Health Center, Mercyhurst University • 501 East 38th Street • Erie, PA 16546. If you have any questions, contact the Health Center at 814-824-2431.