

THE UNIVERSITY OF TOLEDO
Student Medical Center

MMR DECLINATION (MANDATORY)

I am declining to provide documentation of having received two MMR immunizations. I understand that I may be prohibited from attending class or residing in University housing during the incubation period of the disease, which can be weeks long. Any costs associated with alternate housing arrangements during this time will be incurred by me. I will also be responsible for any missed class work.

I also acknowledge that at a later date I may choose to verify documentation of having received the two MMR immunizations or I may choose to receive these immunizations. The expense incurred for receiving them will be mine.

Reason for declining: _____

Printed Name

Rocket ID Number

Signature

Date

Printed Name of Witness

Signature of Witness

Date