**Request for Waiver of Faculty Immunizations or CPR Requirements**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request a waiver of requirements for the following immunization(s) and/or CPR (please list):

for the following reason(s) (ex. allergy):

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty Signature |   | Date |
|   |
| Submit completed/signed form to conrecords@unmc.edu |
|   |
| Note: For recurring requirements, this form should be submitted each time requirements are due. |
|  |