**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):

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