

BLESSING HOSPITAL SERVICES
EMPLOYEE HEALTH
MUMPS IMMUNIZATION WAIVER

I have been advised of the policy on mumps immunization (MMR) and have read the information sheet. I am aware that mumps can cause serious medical complications.

I release Blessing Corporate Services from responsibility or ill effects which may result from my failure to comply with the CDC recommendations regarding mumps prevention and immunization.

I am aware if I am exposed to the Mumps and have not provided proof of immunity, I will not be able to work from the 12th through the 26th day after the exposure or during an outbreak.

Student Signature

Date