

Example Declination Waiver when Positive Immunity not Achieved

Date

Physician Name

Clinic

Address

City, State, zip code

Dear AUCON,

The following patient (student name) has received all of the required shots for (disease name) and does not show positive immunity to (disease name).

I do not recommend the patient be administered further vaccines for (disease).

I have counseled (student name) and (student) is aware of the risks involved for (student) may contract (disease) in the clinical/hospital setting in which AUCON nor myself as the students physician is therefore liable.

Signature of Physician

Clinic Stamp