

Kean Wellness Center Student Health Services 1000 Morris Ave. Union, NJ 07083 | Downs Hall, Room 126 Tel: (908) 737-4880 | Email: studenthealthservices@kean.edu

KEAN ONLINE STUDENT WAIVER

l,	[print name] ("Participant"), certify that I am enrolled in Kean
	ot from immunization requirements as an exclusively online student.
Instructions: Write your initials for each	n provision as acknowledgement that you have read and understand each
	ngregate, on campus or in an off-campus facility, whether for classes or to ents, such as those enrolled in programs for individualized home study or
University's campus and/or with other	tuation change and it becomes necessary for me to congregate at Kean er Kean University students at an off-campus facility for classes or to red event, I shall immediately submit my immunization records according to
	lled in the RN-BSN program. Nursing students cannot waive immunizations munizations as required by federal and state laws.
Name of Participant(Print):	Kean ID #:
Signature of Participant:	Date:
Signature of Parent/Guardian (if under 1	18 years old):
Name of Parent/Guardian (Print)	Date: