Kean Wellness Center Student Health Services
1000 Morris Ave. Union, NJ 07083 | Downs Hall, Room 126
Tel: (908) 737-4880 | Email: studenthealthservices@kean.edu
To submit this form, go to *kean.studenthealthportal.com*

KEAN ONLINE STUDENT WAIVER

Instructions: Write your initials for each provision as acknowledgement that you have read and understand each one. This form must be completed **after** registration for online courses only. Our office will verify online student status.

I, _____ [print full name] ("Participant"), certify that I am enrolled in Kean University's online program, I am exempt from immunization requirements as an exclusively online student.

INITIAL HERE: _____ I shall not congregate, on campus or in an off-campus facility, whether for classes or to participate in institution-sponsored events, such as those enrolled in programs for individualized home study or conducted entirely via electronic media.

INITIAL HERE: _____ Should my situation change and it becomes necessary for me to congregate at Kean University's campus and/or with other Kean University students at an off-campus facility for classes or to participate in a Kean University sponsored event, I shall immediately submit my immunization records according to all federal and State laws.

INITIAL HERE: _____ *RN-BSN STUDENTS ONLY:* I understand that as a student in the RN-BSN program, I am required to complete a clinical clearance process. This process includes submission of immunization records. While I am waiving the Kean University immunizations as I am part of the online program, I will still be required to submit them for the clinical clearance process.

Name of Participant (Print): _____ Kean ID #: _____

Signature of Participant: _____ Date: _____

IF UNDER 18 YEARS OLD:

Signature of Parent/Guardian: _____

Name of Parent/Guardian (Print): _____Date: _____