If you are a Complio user, please upload documentation directly to your profile. If you are not registered with Complio, please fax required documentation to 630.596.2374.

I, the undersigned Student, understand that obtaining the _____________________________ vaccine prior to entry into a clinical nursing course is a mandatory requirement of Chamberlain College of Nursing and/or the healthcare institution at which the clinical experience will be held and such immunization cannot be waived except by petition by me to Chamberlain College of Nursing. I am providing supporting documentation to support my request for a waiver for the above stated vaccine based on the following circumstances:

________________________________________________________________________

________________________________________________________________________

By not receiving this vaccine at this time, I understand I may be at risk of contracting a serious disease, illness or condition and that I may be exposed to blood or other potentially infectious materials in my nursing clinicals, increasing my risk of acquiring a serious disease, illness or condition. I also understand that even if I am granted a waiver for the immunization, the healthcare facility at which the clinical experience is to be held may, at its discretion, determine to not allow me access to patient care settings in their facility. I understand that in such event, Chamberlain College of Nursing need not and may not be able to provide substitute clinical learning opportunities at a healthcare facility which will allow my entrance without the immunization. This may have a negative impact on my course outcomes, as well as my progression in the nursing program.

In return for Chamberlain College of Nursing allowing me a waiver of the immunization as a condition of participating in the clinical portion of my nursing studies, I hereby waive, release and disclaim any claim or cause of action against Chamberlain College of Nursing, its employees, agents, affiliates and the proposed clinical learning site from all loss, costs, claims and liability arising out of or related to my knowing and voluntary refusal to obtain the immunization. It is intended by me to assume the risk of any untoward consequences including without limitation; assuming the risk of contracting a disease, illness or condition, by refusing to obtain the immunization and this refusal to obtain the immunization is being done by me in a knowing and voluntary manner.

Printed Name: ___________________________ Student ID Number (D#): ___________________________

Student Signature: ___________________________ Date: ___________________________

Primary Care Provider or Official Clergy Signature: ___________________________ Date: ___________________________

Receipt of Waiver Acknowledged by: Chamberlain College of Nursing

National Clinical Compliance Office: ___________________________ Date: ___________________________

Forwarded to:

Campus Clinical Coordination Office: ___________________________ Date: ___________________________