



WAYNE STATE
UNIVERSITY

Routine Vaccination Attestation Form

I _____ (name) _____, WSU Access ID# _____ have not received the following routine vaccinations (check all that apply):

- Measles, mumps, and rubella (MMR)
- Meningococcal A (MenACWY)
- Polio
- Tetanus, diphtheria, and pertussis (Tdap)
- Varicella

I understand that in the event of an emerging public health need, I may be subject to additional public health protocols.

Signature

Date