

## Immunization Waiver Form

This form is intended for AAP students who are under the age of 26 but wish to waive the immunization requirement because they meet the following criteria:

1. The student is in a fully online program that does not have optional or mandated residency requirements that may be taken in DC.
2. The student does not currently live in, nor does he/she plan to move to, DC, or any contiguous state including Maryland, Delaware, Virginia or West Virginia. If I move to DC or one of the aforementioned states, I understand that it is my responsibility to update my record in ISIS to reflect my move, and it is my responsibility to complete the Immunization Form prior to the move.

I confirm that the above is accurate.

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Full Name

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Academic Program at AAP

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Signature

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Date

If you meet the above criteria, please complete the four fields above and print, scan and email the completed form to [aapregistration@jhu.edu](mailto:aapregistration@jhu.edu) or fax it to 202-452-1970. If we approve your waiver the immunization alert should be removed within 24 to 48 hours of receiving this form. If for any reason your request is denied, we will be in contact.