

COLORADO COLLEGE

A UNIQUE INTELLECTUAL ADVENTURE

Health Center Waiver

I, _____
(Please print name legibly)

by signing this waiver, understand that I have chosen **not** to use the services of Boettcher Health Center, the student health center at Colorado College during my summer enrollment. I understand that alternative medical care is available in the community and that if I live on the Colorado College campus, residential advisors will provide me with location information for outside facilities.

I am not aware of any contagious or communicable disease(s) that I might inadvertently transmit to other members of the Colorado College community.

In the event of an outbreak of Measles, Mumps or Rubella, I understand that if I have **not** provided a certificate of immunization showing proof of two (2) MMR (Measles, Mumps, Rubella) vaccines, that I may be subject to exclusion from campus.

Signature

Date