



University of Saskatchewan

School of Rehabilitation Science, Master of Physical Therapy Program

IMMUNIZATION REQUIREMENTS

CONSENT TO COMPLY

- “I agree to comply with all the immunization requirements of the Master of Physical Therapy (MPT) program, for the duration of the program, unless there is a medical reason as a contraindication.” I will disclose information related to request for permission to be excused from immunization requirements. I understand that a request to be excused from immunization requirements will normally need to be reviewed by the U of S Student Wellness Centre in consultation. I understand that the immunization requirements include my responsibility to maintain relevant immunizations up-to-date.

- “I agree to inform the Master of Physical Therapy program **immediately** if there is a medical, or other, reason, I cannot comply with the MPT program immunization requirements.” Once identified as a potential contraindication, specific consultation with U of S Student Wellness Centre will be required.

- “I give my consent that the information on my immunization status may be shared with MPT program, U of S Student Wellness Centre and managers of clinical facilities participating in my clinical placements as is relevant and appropriate.”

Signature: _____

Date: _____

Printed Name: _____

Witness: _____