**CERTIFICATE OF MEDICAL EXEMPTION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_

Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section I: (to be completed by Medical Provider who must be a licensed physician, a licensed advanced practice registered nurse, or a local health department).*

The above-named student should be exempt from some or all of the required pre-entrance immunizations as administration of immunizing agents may be detrimental to this student’s health. In the comment section, please indicate the specific nature and probable duration of the medical condition or circumstance that contradicts immunization. Please use additional pages if necessary.

IMMUNIZATION COMMENT

* MMR (Measles, Mumps, Rubella). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Tdap (Tetanus, Diphtheria, Pertussis) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hepatitis B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meningococcal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Meningitis B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State or County Health Commissioner may order this student’s exclusion from the University and associated events for the student’s protection until the risk has passed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Provider Signature Date

*See Section II*

*Section II: (To be completed by the Student)*

I, identified above, hereby request a medical exemption from the immunization requirements as explained by the Medical Provider in the above Section.

I also understand and acknowledge that if the University approves my request for a medical exemption from the immunization requirement, I will not have the protections afforded by the vaccine(s). I knowingly and voluntarily agree to assume the risks associated with being a student at the University, and participating in University activities, without the vaccine(s).

I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in the University, the State Health Commissioner may order my exclusion from the University, for my own protection, until the danger has passed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student Date

(Signature of parent/legal guardian if student

is under the age of 18)