

Instructions for filing for a medical exemption from submitting proof of

REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION FORM

This form must be submitted for all requests for exemption from immunization requirements. Please review Instructions for filing for a medical exemption from submitting proof of Immunization. In the event of an outbreak, medical exempt individuals may be inhibited from physical campus access.

Student Name: _____
Student ID#: _____

Date of Birth: _____

In addition to this form, provide a signed statement from a licensed physician, physician assistant, or nurse practitioner, or licensed midwife specifying the immunizations which are detrimental to your health and the length of time these immunizations must be waived. The statement must be signed within the last two years.

Health Care Provider Info

Name: _____
Address: _____
Phone #: _____

Health Care Provider License Number &
or Stamp:

Waiver effective until _____

____ Confirm that you have read the following *What You Need to Know* documents

[What You Need to Know- Measles, Mumps, Rubella Vaccines](#)

[What You Need to Know- Meningococcal Vaccine](#)

I hereby affirm the truthfulness of the forgoing statement.

Student Signature

Date

Parent or Guardian Signature, if student is under 18 years of age

Date

PLEASE COMPLETE, SIGN AND UPLOAD THIS FORM TO UNIVERSITY HEALTHCARE'S SECURE PATIENT PORTAL