Instructions for filing for a medical exemption from submitting proof of Immunization.

The New York State Department of Health's Immunization Handbook for Post-Secondary Institutions provides the following information regarding Medical Exemptions for students:

Medical Exemption
"If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist. In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus"

In general, the following persons should not receive Measles, Mumps, or Rubella Vaccine without checking with a doctor.

- Previous anaphylactic reaction to this vaccine or to any of its
- Pregnancy or possibility of pregnancy within wks
- Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV).

Note: HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised

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: ___________________________________ Date of Birth: _______________
Student ID# _____________________________________

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 # ____

Waiver effective until ____________________________________

Health Care Provider License Number &, or Stamp:

____ 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