

## Student Application for Medical Exemption to Vaccination

### INSTRUCTIONS:

1. This form must be completed by any student who is requesting a waiver from the University requirement for a vaccine, or by the parent of such a student, if the student is under age 18.
2. The request of a waiver may only be made on medical grounds.
3. This form must be submitted through the University's [MyHealth Portal](#).

### Related Policies:

In the event of a communicable disease outbreak, the University, in consultation with the Commissioner of the Department of Health, may require students without documented evidence of immunization to remain off campus until the outbreak is over.

I am requesting an exemption form (please write in the name(s) of the vaccine): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CWID: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

*The following must be completed by a U.S. licensed physician or nurse practitioner familiar with treating the student:*

Check All That Apply	<input type="checkbox"/>	<a href="#">CDC Contraindications:</a>
	<input type="checkbox"/>	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the specified vaccine. <b>Date of vaccine:</b>
	<input type="checkbox"/>	Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. <b>Date of vaccine:</b>

**Incomplete or unsigned form will not be processed**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if the student is under age 18: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Medical Provider Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of licensure \_\_\_\_\_ License # \_\_\_\_\_

**OFFICE STAMP (REQUIRED):**