



**Counseling, Health, & Wellness Services**  
 1500 N. Warner St. #1035  
 Tacoma, WA 98416-1035

### CERTIFICATE OF EXEMPTION – MEDICAL

Name of Student:	Date of Birth:
ID#	Primary Phone:
Name of Parent/Guardian (if under 18):	Student/Parent home address:
Student local address/residence hall:	Student email address:

**NOTICE:** In order to be considered for an exemption from the university’s vaccine requirements, a student must submit this completed form to Campus Health and Wellness Services, including providing information from an approved U.S. health care provider (MD, DO, PA, NP, ND) that they have determined a specific vaccination is not advisable for the student for medical reasons. This form must be completed and signed by a health care provider, the student, and parent/guardian for students under the age of 18. In the event of an outbreak, a student whose exemption request is approved may be excluded from class or other campus activities, or asked to leave campus, until the student has proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances. The student must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval, the student must meet with a CHWS staff member to review exemption requirements.

**MEDICAL EXEMPTION:** In order to support the student’s request to be exempted from the university’s vaccine requirements, the health care provider must attest that their professional judgment is that the vaccine is not advisable for the student and provide support for that determination. When it is determined that this particular vaccine is no longer contraindicated, the student will be required to have the vaccine. Providers can find guidance on medical exemptions through the CDC and Advisory Committee on Immunization Practices (CDC/ACIP) at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Vaccine	Period of Requested Exemption	ACIP Contraindication and Precautions
<input type="checkbox"/> COVID-19 Vaccine  <input type="checkbox"/> MMR Vaccine	<input type="checkbox"/> Temporary through:  <input type="checkbox"/> Permanent	<i>Contraindications</i> <input type="checkbox"/> Severe allergic reactions (e.g., anaphylaxis) after a previous dose or vaccine component <input type="checkbox"/> Other (explain below)

Please explain fully and attach additional sheets as necessary.

### Provider Attestation

I am a qualified medical provider (MD, DO, PA, NP, ND) licensed to practice in the United States. I have discussed the benefits and risks of immunizations with the student as a condition for exempting them from vaccination.

By signing below, I attest that I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is consistent with established national standards for vaccination practices. I understand that I might be asked to submit supporting medical documentation.

Healthcare Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

NPI Number: \_\_\_\_\_ License number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Student Declaration (Parent/guardian signature required if student is under the age of 18):

I have discussed the benefits and risks of immunizations with the health care provider granting this medical exemption. I am aware if an outbreak of vaccine-preventable disease occurs for which I am exempted, I may be excluded from class or other campus activities, or asked to leave campus, until I have proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances. I further understand that I must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval of the exemption, I understand I will be required to meet with a representative from CHWS to review the current health and safety standards required by the university.

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: (if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_

CHWS Office Use Only:

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

Date student met with CHWS staff \_\_\_\_\_