



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

MEDICAL EXEMPTION FORM: MMR Vaccine

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 Counseling, Health & Wellness Services (CHWS), including 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 healthcare provider, the student, and parent/guardian for students under the age of 18. The form can then be uploaded to the CHWS Communication portal, <https://pugetsoundportal.pointnclick.com>.

In the event of an outbreak of vaccine-preventable disease, an exempt student may be excluded from class or other campus activities. They may be asked to leave campus, until the student has proof of immunity, until they have completed the quarantine process, or until the outbreak is over.

If you are pursuing a degree in a healthcare field, additional requirements may apply. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances.

MEDICAL EXEMPTION: In order to support the student’s request to be exempted from the university’s vaccine requirements, a 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"/> 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 your medical exemption request fully and attach additional sheets as necessary. (To be completed by student requesting exemption).

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, required to quarantine, or asked to leave campus until I have proof of immunity or until 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.

Student signature: _____

Parent signature: (if student is under 18) _____

Signature: _____ Date: _____