



Counseling, Health, & Wellness Services

1500 N. Warner St. #1035

Tacoma, WA 98416-1035

MEDICAL EXEMPTION FORM: MMR VACCINATION

Please complete the form below and upload to the CHWS communication portal, login.pugetsound.edu and click on the CHWS Communication tile. Please include your campus exit plan for this form to be complete.

Name of Student:	Date of Birth:
ID#	Primary Phone:
Name of Parent/Guardian (if under 18):	Student/Parent home address:
Student residence hall or local address:	Parent 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 student **must also submit a campus exit plan**, describing their off-campus transportation and lodging plan in the case of a communicable disease case on campus. If there is a case on campus, vaccine exempt students may be at risk for the disease, and will be excluded from class and campus activity for the duration of the outbreak or until immunity information is provided to CHWS. The university will not provide housing for vaccine exempt students during an outbreak. Student will be able to return to campus once one of the following has occurred: proof of immunity provided to CHWS, the quarantine timeframe has ended, or until the outbreak is over. No exceptions to standard university policy for tuition adjustments or refunds would be available in the event of a communicable disease outbreak on campus.

If you are pursuing a degree in a healthcare field, additional requirements may apply.

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 for which exemption applies	Period of Requested Exemption	ACIP Contraindication and Precautions
<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> MMR Vaccine	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary through:	<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 confirm that vaccination for the disease(s) checked above is/are not advisable for the person named on this document. I have discussed the benefits and risks of immunizations with the student as a condition of exempting the vaccine. I certify that I am a qualified and licensed healthcare provider (MD, DO, PA, NP), and the information provided on this certificate is complete and correct.

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: _____

Signature: _____ Date: _____

Please include your campus exit strategy. If you are required to live off campus due to a communicable disease outbreak, where will you reside? What will be your transportation plan if you choose to return home?

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 that if there is a case of a vaccine-preventable disease for which I have not been fully immunized against (as identified above), I may be at risk for this disease, and I will be required to modify my participation in university residence and activities, including academic classes. I understand that I will need 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.

Student signature: _____

Parent signature: (if student is under 18) _____

Signature: _____ Date: _____