Student Health and Counseling Center
Immunization Exemption Form

Student Name_____ **DOB:**_____
Student ID #_____
Student Email_____**Phone Number**_____

To request an exemption from a required immunization due to a medical reason, the student must submit an *Immunization Exemption Medical Provider Form* completed and signed by a licensed medical provider. Student can upload the completed form to their Patient Portal, or their medical provider can complete an online form with a digital signature. Forms can be found using this link: https://www.uaf.edu/chc/forms/index.php

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions.

This guide can be found at the following website: https://www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html

The following section must be completed by a **licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), or Physician Associate-Certified (PA-C)** as applicable.

□ ***In my professional opinion, the following immunization(s) would be injurious to the health of the above named student.***

□ Measles/Mumps/Rubella (MMR)
□ Measles
□ Mumps
□ Rubella
□ Tetanus/Diphtheria/ Pertussis (Tdap/Td/DT)
□ Hepatitis B
□ Varicella
□ Meningococcal (MCV4)

□ ***Student has demonstrated laboratory-confirmed immunity to the following disease(s) - results attached:***

□ Measles/Mumps/Rubella (MMR)
□ Measles
□ Mumps
□ Rubella
□ Hepatitis B
□ Varicella

Provider Name (Print)_____License_____

Address_____State/Location_____

Telephone_____

Signature_____**Date** _____

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