

University of the Pacific
CERTIFICATE OF MEDICAL EXEMPTION
Immunization Requirements

Student's Name _____ ID# _____ Birth Date _____

A. CHECK THE BOX(ES) FOR WHICH AN EXEMPTION IS BEING CLAIMED

one vaccine for each medical exemption certificate

- PERTUSSIS (TDAP) VARICELLA MEASLES MUMPS RUBELLA MENINGOCOCCAL CONJUGATE

In the event of a disease outbreak you may not be allowed on campus. The period of exclusion may be for a few days up to several months and may extend to two incubation periods after the last case depending upon the disease and the number of cases.

B. MEDICAL EXEMPTION TO BE COMPLETED BY A MEDICAL PROVIDER:

I, _____ [Name of licensed MD, DO, PA, NP] certify that the above-named student has:

- A medical condition that contraindicates his/her vaccination with _____ vaccine

Please check the appropriate box and list below either:

- a) The applicable CDC contraindication to this vaccine*, or
- b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

- Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

(Provider stamp here)

Physician Signature

Physician License Number

Date

Parent Signature

**Parent's signature is needed only if student is under 18 years of age.*