



**Health Office**  
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## Medical Exemption Request

New York State Public Health Law 2165 requires that students in attendance at a post-secondary institution show proof of immunity to measles mumps, and rubella. The law allows an exemption for those students that have a valid medical contraindication to immunization. The following statement is from the Immunization Handbook for New York State Post-secondary Institutions:

*If a licensed physician or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist. **In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus.***

Some examples of valid contraindications to vaccination include the following:

- Previous anaphylactic reaction to the vaccine or to any of its components.
- Pregnancy or possibility of pregnancy within 4wks.
- Severe immune deficiency, or long-term immunosuppressive therapy

**Attach a statement from your medical provider to this form that certifies that you have a valid contraindication to immunization.** The statement should indicate which vaccines are contraindicated and whether the contraindication is permanent, or the period of time that it is valid, if temporary. The request will be approved if the required elements are included and it is signed by your healthcare provider. **In the event of a disease outbreak you will need to be excluded from campus until it has been deemed safe for you to return by public health officials.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ CID #: \_\_\_\_\_

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