



UAS Residence Life
Immunization Medical Exemption Form

Student Name

Student ID #

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' 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: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|--|--|
| <input type="checkbox"/> Tetanus (DTaP, DTP, Tdap) | <input type="checkbox"/> Meningococcal Vaccine (MenACWY) |
| <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) | <input type="checkbox"/> TB Skin Test |
| <input type="checkbox"/> COVID-19 | |

Please describe any contraindication(s) or precaution(s) UAS Residence Life should be aware of here:

Date exemption ends (if applicable):

A licensed physician must complete this medical exemption statement and provide their information below:

Name (Print)

License State/Location

Address

Telephone

Signature

Date