



## EXEMPTIONS

### Age Exemption:

Please initial if born before 1957: \_\_\_\_\_  
Initial

### Medical and Religious Exemptions

Individuals with religious or medical exemption(s) (except a verified history of disease or blood test indicating immunity to Rubeola and Mumps) are not protected against measles and mumps. This means that they are at risk for getting the diseases. **In the event of an outbreak, individuals with a religious or medical exemption for measles and mumps may be excluded from the University, under the direction of the Student Health Service Director and/or the local Health Officer.**

### Medical Exemption:

Acceptable bases include:

- Serious allergic reactions (anaphylactic) to a previous dose, or to Neomycin or gelatin.
- Pregnancy or intent on becoming pregnant within 28 days.
- Immunosuppression such as occurs with cancers (leukemia, lymphoma) or medications for such diseases.
- Taking high doses of cortisone-type medications for more than 2 weeks.

**Note: All medical exemptions require a physician's signature.**

Individuals with HIV-positive antibodies or with leukemia in remission who have not received chemotherapy for at least three months may receive MMR vaccine.

### Certification

I certify that this individual should be exempted from the MMR vaccine requirements based on:

A. History of disease (provide year): Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_

B. Immune Titers: Rubeola Result \_\_\_\_\_ Date \_\_\_\_\_  
Mumps Result \_\_\_\_\_ Date \_\_\_\_\_

C. The following medical reason: \_\_\_\_\_  
Which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Service for MMR vaccine (see above).

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Religious Exemption:

I have read and understand the above information. I am adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

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

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