

Medical Vaccination Exemption Request Form

This form may be used to exempt a student from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for medical reasons. This form must be completed by a health care practitioner and signed by the student or parent/guardian (if student is under 18).

Student Last Name		Date of Birth (mm/dd/yyyy)	
Student First Name		Student Phone	
Student Middle Initial		SPU ID #	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked below is/are not advisable for this student. I have discussed the benefits and risks of immunizations with the student and/or parent/legal guardian as a condition for exemption. I certify I am a qualified healthcare practitioner, and the information provided on this form is complete and correct.

Measles (MMR) Additional
Other (please Notes
specify): (Optional)

Provider Name (Print)		Provider NPI (Required)	
Provider Signature		Date (mm/dd/yyyy)	
Clinic Address			
Clinic Phone			

Student or Parent/Guardian (if student is under age 18) Declaration

I have received and reviewed the information on the risks and benefits of the vaccines indicated above. I understand that not receiving the vaccine for these viral illnesses may increase risk for infection for myself and others. I understand that SPU reserves the right to isolate or quarantine individuals or exclude individuals from campus if they have symptoms of, exposures to, or test positive for the infections associated with these vaccines, or are at increased risk for these infections during an outbreak.

Student's Name (Print): (or Guardian, if student is under 18)	
Student's Signature: (or Guardian, if student is under 18)	
Date:	

All sections and fields must be completed for the exemption request to be reviewed. Once completed, students should upload the signed form to the Upload section in the [Patient Portal](#). Contact Health Services at healthservices@spu.edu with questions.