



## Medical Immunization Exemption Certificate

Instructions for completing a Medical Immunization Exemption Certificate

- Section 1- Enter Student Information.
- Section 2- Ask your health care provider to complete.
- Section 3- For University use only.

### Section 1-

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Address-  
Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

On Campus Address (If Applicable): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Section 2-

Name of Health Care Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. I certify that due to a contraindication(s) the above student is exempt from receiving the required vaccine(s) as marked below.
2. The contraindication(s) marked below is in accordance with the West Virginia State Law and with the recommendations of the American College Health Association and Advisory Committee on Immunization Practices or vaccine package insert instructions: (Check where applicable)

Immunizations:

Hepatitis B		MMR		Varicella	
MC4/ACWY		TB Screen		T-DaP	
COVID				Influenza	

Reason for Exemption:

- Serious allergic reaction after a previous vaccine dose.
- Serious allergic reaction to a vaccine component.
- MMR contraindicated with immunodeficiency due to any cause.
- Varicella contraindicated with substantial suppression of cellular immunity.
- Recent administration of an antibody-containing blood product. (MMR, Varicella)
- Student is pregnant. (MMR, Varicella, COVID)
- Thrombocytopenia/Thrombocytopenic purpura- nor or by history. (MMR)

Student has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt student may be excluded from school by the Dean of Students for a period as determined by working with the local health officials based on a case-by-case analysis of public health risk.

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3-

Approval: Approve: \_\_\_\_\_ Denial: \_\_\_\_\_

Dean of Students/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_