

IMMUNIZATION

Certificate of Medical Exemption for COVID-19 Vaccine

Students with a recorded immunization exemption may be excluded from campus during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

STUDENT INFORMATION (Legal Name)

First Name: _____ Last Name: _____ Middle Name: _____
 Date of Birth: _____ Bear Number: _____

STATEMENT OF EXEMPTION

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

REQUIRED PROVIDER Signature: _____ Date: _____
Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant

I understand that in the event of an outbreak, I may be excluded from campus.

REQUIRED STUDENT Signature: _____ Date: _____

PARENT INFORMATION (only if student is under 18 year of age)

First Name: _____ Last Name: _____

Relationship to student: Mother Father Legal Guardian

Signature: _____ Date: _____