

Medical Vaccination Exemption Request Form

This form may be used to exempt a student or employee 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), or by the employee.

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

Health Care Practitioner Declaration

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

<input type="checkbox"/> Measles (MMR) <input type="checkbox"/> SARS-Cov-2 (COVID-19)	Additional Notes (Optional)	
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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), or Employee 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 assume the risk of not obtaining the vaccine. 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. To the extent consent is required by applicable law, I consent to SPU disclosing my vaccination and exemption status to SPU officials as reasonably needed or appropriate to fulfill legal or institutional policy requirements related to COVID-19. **If approved, this exemption is valid for one academic year and must be renewed annually prior to the start of the fall academic term.**

Student/Employee Name (Print): (or Guardian, if student is under 18)	
Student/Employee 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, please upload the signed form to the Upload section in the SPU [Patient Portal](http://spu.patientconnect.com) (spu.patientconnect.com). Contact Health Services at healthservices@spu.edu with questions. The information provided by a student or guardian of a student is part of the student's education records and the privacy of the information is governed by FERPA. The information provided by an employee is part of the employment records for the employee.