



Immunization Requirements for College Attendance Medical Exemption Statement

NOTE: This exemption form applies only to immunizations required for college attendance

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends. If applicable.
5. Complete medical provider information. Retain copy for file. Return original to Canisius College Student Health Center

Student Name: _____

Student Date of Birth: _____

Student Address: _____

Name of Educational Institution: Canisius College, 2001 Main Street Buffalo, New York 14208-1098

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contradictions.htm>

Please indicate which vaccine(s) the medical exemption is referring to:

- Measles
- Mumps
- Rubella
- Meningococcal Meningitis A, C, Y, W – 135
- Meningococcal Meningitis Group B

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable): _____

Note: A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ **NYS Medical License #** _____

Address: _____

Telephone: _____

Signature: _____ **Date:** _____

For Canisius College Student Health Center Use Only: **Medical Exemption Status:** Accepted Not Accepted

Director Signature: _____ **Date:** _____