

Medical Exemption Request Form

Full Name of Student (Last, First): _____

Student Date of Birth: _____

Student ID Number (B0#): _____

I, _____, (*Name of licensed MD, DO, PA, NP*) have reviewed the University of Alabama at Birmingham Immunization Exemption Policy, and hereby certify that the above-named student has:

A medical condition that contraindicates his/her vaccination with _____ vaccine:
Please check the appropriate box and list below either: (list only 1 vaccine per section)

a) The applicable CDC contraindication to this vaccine*, or
b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

Provider Name & Credentials: _____

Signature: _____

Date: _____

Office/Facility Information:

Name: _____

Phone Number: _____

Address: _____

Organization Seal (if Applicable):

Students: Return this completed form to Student Health Services at the Student Health & Wellness Center.

For Use by University of Alabama at Birmingham Student Health Staff Only: Approved Denied

Medical Director's Signature: _____

Date: _____

A medical condition that contraindicates his/her vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

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 b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
 c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

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Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

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