

**Student Health Services**  
**Exemption For Required Vaccinations**



Student Name (Last, First, Middle)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/_____ Month/ Day / Year	Telephone Number
Parent/Guardian Name (if student is under 18 years old)		Address:	
Student Email:		Student University ID (if available):	
<b>A. LOYOLA MARYMOUNT UNIVERSITY (LMU) STUDENT HEALTH SERVICES (SHS) POLICY</b>			
LMU SHS requires proof of two <b>Measles/Mumps/Rubella (MMR) vaccines</b> in the student's lifetime or a positive MMR titer indicating immunity to the diseases. <b>Students can be exempt only if they have a medical contraindication to the vaccine. LMU adheres to the Advisory Committee on Immunization Practices (ACIP) guidelines for vaccine exemptions.*</b>			
<b>B. AUTHORIZED HEALTH CARE PROVIDER (HCP)** – FILL OUT THIS SECTION</b>			
I am a (check one): <input type="checkbox"/> MD/DO <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant			
Indicate which medical condition(s) the student has, including family medical history, for which MMR vaccine is contraindicated:			
<input type="checkbox"/> Severe allergic reaction after a previous dose or to a vaccine component <input type="checkbox"/> Pregnancy <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) <input type="checkbox"/> Family history of congenital/hereditary immunodeficiency in first-degree relatives			
Provide a <b>summary</b> explanation for vaccine exemption below regardless of reason indicated above. Supporting clinical documentation, including medical records documenting the adverse reaction, must be attached for this request to be considered:			
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>			
Please select the type of medical exemption <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
If the exemption is temporary please indicate the expiration date of the exemption: _____			
Health Care Provider's Name (please print) _____			
License #: _____		Practitioner Stamp (If available)	
Address: _____			
Telephone number: _____			
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Signature Of Authorized HCP		<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date (within 12 months prior to entry to University)	
<b>C. STUDENT OR PARENT/GUARDIAN (IF STUDENT IS UNDER 18 YEARS OLD)</b>			
Be <b>advised</b> , an unvaccinated student is at greater risk of becoming ill with the vaccine-preventable disease. An unvaccinated student <b>may</b> be excluded at their own expense from residential accommodations and/or attending school during an outbreak of, or after exposure to, any of these diseases: <b>Measles, Mumps, Rubella</b> .			
I am requesting a <b>medical</b> exemption to the <b>Measles/Mumps/Rubella (MMR) vaccine</b> .			
If the medical exemption is <i>temporary</i> , I will submit the proper documentation showing proof of required immunization once the medical exemption has expired.			
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Student Signature	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Parent/Guardian Signature (If student is under 18 years old)	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date

Revised 11/01/25

\* <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

\*\* This form must be completed by a non-LMU health care provider.