Student Health Services
Exemption For Required Vaccinations

STUDENT NAME (LAST, FIRST, MIDDLE)	Gender ☐ M ☐ 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):	

A. LOYOLA MARYMOUNT UNIVERSITY (LMU) STUDENT HEALTH SERVICES (SHS) POLICY

LMU SHS requires proof of two ***Measles/Mumps/Rubella (MMR) vaccines*** in the student's life time or a positive MMR titer indicating immunity to the diseases. **Students can be exempt only if they have a medical contraindication to the vaccine.**

B. AUTHORIZED HEALTH CARE PROVIDER (HCP)* – FILL OUT THIS SECTION

I am a (check one): ☐ MD/ DO ☐ Nurse Practitioner ☐ Physician Assistant

State medical condition(s) the student has, including family medical history, for which MMR vaccine is contraindicated:

_____

_____

Please select the type of medical exemption ☐ Permanent ☐ 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: _____

_____ _____

Signature Of Authorized HCP. Date- within 12 month prior to entry to University

C. STUDENT OR PARENT/GURDIAN (IF STUDENT IS UNDER 18 YEARS OLD)

Be **advised**, an unvaccinated student is at greater risk of becoming ill with the vaccine-preventable disease. An unvaccinated student ***may*** be excluded from attending school during an outbreak of, or after exposure to, any of these diseases: ***Measles, Mumps, Rubella***

I am requesting a **medical** exemption to the ***Measles/Mumps/Rubella (MMR) vaccine.***

If the medical exemption is *temporary*, I will submit the proper documentation showing proof of required immunization once the medical exemption has expired.

Student Signature	Date	Parent/Guardian Signature (If student is under 18 years old)	Date

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

Revised 6/6/16