



Annual Request for Exemption from Immunization Requirement

Students who wish to exempt themselves from receiving the required vaccinations must complete this documentation and provide it to Husson University Student Wellness Center. This exemption is required prior to attending classes. This Exemption Form must be completed and submitted annually.

I \_\_\_\_\_ date of birth \_\_\_\_\_ wish to exempt myself from the requirement to receive the following vaccination(s):

- Tetanus, Diphtheria, Measles, Mumps, Rubella

A licensed physician, nurse practitioner or physician assistant must complete the following document for medical exemption. Self-reported is not acceptable.

Medical Exemptions to receiving tetanus-diphtheria (Td) vaccine are limited to:

- The patient has experienced a serious systemic or anaphylactic reaction to a prior dose of tetanus toxoid, tetanus-diphtheria vaccine or Tdap vaccine or have a serious allergy to any of these vaccine components.

Medical exemptions to receiving MMR are limited to (check all that apply):

- Current pregnancy, A history of anaphylactic reaction to vaccine components, Patients with weakened immune systems due to disease (such as cancer or HIV/AIDS) or medical treatments (such as chemotherapy, radiation, immunotherapy or high dose of corticosteroids)

Note: Husson University reserves the right to request additional documentation from you and/or others regarding the basis for the above-referenced medial exemption.

I certify the above information to be true and accurate, and request a medical exemption from the vaccination requirement for the above-named individual.

Health care provider name: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_

I agree to hold Husson University, its staff, faculty, and other employ, its staff, faculty, and other employees, harmless in the event of any illness or injury resulting from my noncompliance with this requirement. I understand in the case of a vaccine-preventable disease outbreak to which I am likely not immune, at the discretion of the SHS staff and the Maine DHHS, I may be temporarily excluded from classes, residence halls or the entire Husson University campus. I will be responsible for any expenses I incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(if student is under the age of 18)

Documentation received by Student Wellness Center and Exemption granted. Date: \_\_\_\_\_ By Whom: \_\_\_\_\_