

Immunization Requirements for Vassar College Attendance
New York State Medical Exemption Statement

Instructions:

1. Complete information (name, date of birth, etc.).
2. Indicate to which vaccine(s) the medical exemption is referring.
3. Complete contraindication/precaution information.
4. Indicate the date the exemption expires.
5. Complete medical provider information. Retain copy for file. Return original to Health Services.

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1. Student's Name: _____
 2. Student's Date of Birth: _____
 3. Student's Permanent Home Address: _____

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Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' 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/contraindications.html>.

Please consult your healthcare provider for steps you should take to protect yourself in the absence of the vaccine.

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

- Measles, Mumps, and Rubella (MMR)
- Meningococcal Vaccine (MenACWY) Other (please specify): _____

Contraindication(s)/Precaution(s): _____

Date exemption ends: _____

A licensed healthcare provider must complete this medical exemption statement and provide their information below:

Name (print): _____ Professional License #: _____
Address: _____ Phone: _____
_____ Fax: _____
Signature: _____ Date: _____

For Institution Use ONLY: Medical Exemption Status Accepted by NYS Declined by NYS

Initial/Date: _____