COLGATE UNIVERSITY

STUDENT HEALTH SERVICES
13 Oak Drive
Hamilton, NY 13346
Phone: 315-228-7750 Fax: 315-228-6823
studentheatlh@colgate.edu

Medical Exemption Statement

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR ATTENDANCE
Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name _____
2. Patient's Date of Birth _____
3. Patient's Address _____
4. Name of Educational Institution _____

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.htm.**
In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus.

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

- ☐ COVID
- ☐ Hepatitis B (Hep B)
- ☐ Tetanus, Diphtheria, Pertussis (Td,Tdap)
- ☐ Measles, Mumps, and Rubella (MMR)
- ☐ Varicella (Chickenpox)
- ☐ Meningococcal Vaccine (MenACWY)

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable)

A licensed Health Care Provider must complete this medical exemption statement and provide their information below:

Name (print) _____ Medical License # _____ State of Licensure _____

Address _____

_____ Telephone _____

Signature _____ Date _____

For Institution Use ONLY: Medical Exemption Status ☐ Accepted ☐ Not Accepted Date: _____