University of La Verne

STUDENT HEALTH SERVICES
MEDICAL EXEMPTION FORM

2147 E Street, La Verne, CA 91750
Studenthealthcenter@laverne.edu
Office 909-448-4619
Fax 909-448-1652

Medical exemptions are allowed for conditions established by the CDC, or the Advisory Committee on Immunization Practices (ACIP) and must be submitted for individual vaccines in a written statement from a licensed medical physician or nurse practitioner (MD, DO, PA, or NP) which states:

- That the physical condition or medical circumstances of the student are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

Name _____ DOB _____

Student ID _____ Cell Phone _____

I _____ (*name of medical provider*) have reviewed the University of La Verne immunization requirements and hereby certify that the above-named student has a medical condition that contraindicates their vaccination with the following vaccine(s):

_____ MMR _____ Meningitis _____ Tdap (pertussis) _____ Hepatitis B _____ Varicella (chicken pox)

Other: _____

The physical condition of the person, or medical circumstances relating to the person, are such that immunization is not considered safe. The specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine(s) are indicated below.

REQUIRED: Description of contraindication:

Is the contraindication ☐ Permanent

Is the contraindication ☐ Temporary. If yes, the expiration date of the exemption _____

_____ _____ _____

Signature of Medical Provider | Date | Medical License Number, State/Country

_____ _____

Provider Address | Provider Phone & fax number

STUDENT ATTESTATION

An unvaccinated student without natural immunity (having the infection) is at greater risk of becoming ill with the vaccine-preventable disease. In case of an active on-campus infectious disease outbreak, I _____
(student FULL name)
may not be allowed to come to campus *OR* I may have to leave the residence halls *OR* be required to quarantine per public health suggestions. I understand this be determined by SHC and ULV campus officials.

Student Signature _____

Student, Please submit a copy of this document to the MedProctor portal.