SEATTLE UNIVERSITY STATEMENT OF MEDICAL EXEMPTION TO IMMUNIZATION

Student Name					
Date of Birth / / SU ID # SU ID #					
PART 1: TO BE COMPLETED AND SIGNED BY STUDENT (and parent/legal guardian if under 18 years old)					
vaccinations. If the against, or I am exp be excluded from s also be subject to r immunized. I am m	ason (contraindication or precaution) why I are is an outbreak of a vaccine-preventable disposed to a vaccine-preventable disease that I I chool until the outbreak or recommended quegular testing for certain vaccine-preventable edically exempted from the following vaccine	ease that I hat have not bee arantine/isol diseases agae(s).	ave not beer n immunized ation period ainst which I	immunized d against, I can is over. I may have not been	
□ Measles	□ Other:				
Student's Sig	nature		- <u> </u>	Date signed	
	f under 18 years old) fame of Parent/Guardian				
_	Parent/Guardian's Signature			Date signed	
Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at Vaccine Recommendations and guidelines of the ACIP . Please check the website to ensure that you are reviewing the most recent CDC/ACIP information.					
Vaccine	Medical Contraindication/Precaution	Permanent Exempt	Temporary Exempt	Expiration date of temporary exemption	
□ MMR				•	
By signing below, I Precautions, and the indicated. I declare might be required	affirm that I have reviewed the current CDC/ne student listed above should be exempted for that the information I provided is complete at to submit supporting medical documentation dractitioner Name (print) Practitioner Signature	rom receiving and correct, I	g the vaccine	that I	
□ MD □ DO □ ARNP □ PALicense num		ıber	ber State		