



FAIRMONT STATE UNIVERSITY™

Student Health Services

Immunization Medical Exemption Request

Please print this form, complete it, and have it signed by your healthcare provider. Once complete, you will upload this form in the Document Upload section of your Student Health Portal at

<https://fairmontstate.studenthealthportal.com/>

For more information regarding medical exemptions, [click here](#).

Student's Name (please print): _____ Student ID: _____

Reason for Exemption: _____ Medical—One or more of the required vaccines have been determined medically NOT advisable for me by the healthcare practitioner below.

Please indicate the vaccine antigen the exemption is referring to:

_____ Measles/Mumps/Rubella _____ Meningococcal
_____ Varicella _____ TDap
_____ Polio

By signing this waiver, I verify that the above information is complete and accurate to the best of my knowledge. I acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. The diseases that vaccines protect against still exist and can spread quickly in college/dormitory settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death. I have been informed of the risks of not receiving these vaccinations by the healthcare provider named below.

Student's Signature: _____

Parent's Signature (if student is under age 18): _____

Date: _____

Medical verification-To be completed by a Medical Professional:

Does this student have a medical condition that contraindicates the use of one of the required vaccinations? Yes:

_____ No: _____ If yes, which vaccination _____

Please list the diagnosis or disability: _____

Healthcare Provider Name (please print): _____

Phone: _____

Signature of Healthcare Provider: _____ Date _____