



Medical Exemption to Immunization Waiver Form

Student Name	Date of Birth	SHU ID#
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Please upload this completed document and the official "Student Medical Exemption Certificate for Required Immunizations" form to the Student Health Portal - <https://myhealth.sacredheart.edu>

A medical exemption to immunization is allowed when a person has a medical condition whereby receiving one or more of the required immunizations would endanger life or health or is medically contraindicated. In order to receive a medical exemption, this form must be filled out and signed by the student requesting the medical exemption (and a parent or guardian if the student is under age 18) **AND** must be accompanied by the official state of CT "Student Medical Exemption Certificate for Required Immunizations" form completed by the student's primary care MD, DO, PA, or APRN only.

Please check all immunizations to which you are requesting an exemption:

☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Meningitis ACYW ☐ Other: _____

By signing this form, I hereby attest that I have reviewed the information supplied by my healthcare provider on the "Student Medical Exemption Certificate for Required Immunizations" form and this information is accurate and true. I also understand that immunization exemption, if granted, subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature X	Date
Parent Signature (Required if student is under 18 only) X	Date

Students will be notified if their medical exemption is granted within two weeks of submitting required forms