

Health Center

Medical Exemption Request Form

To request an exemption from required vaccinations, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to the University health service department.

Section 1

Student Name (print):	DOB	Date:
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I am requesting a medical exemption from Brandeis University's mandatory vaccination policy for the following vaccination(s): ☐ Tdap ☐ Hep B ☐ MMR ☐ Varicella ☐ Meningococcal ☐ ALL

I verify that the information I am submitting to substantiate my request for exemption from Brandeis University's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including being placed on a Registration Hold or dismissal from the University.

I further understand that Brandeis University is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others or would create an undue hardship for Brandeis University.

Student Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Student Name: _____

Dear Medical Provider,

Brandeis University requires vaccination against (*Tdap, Meningococcal, Hep B, MMR, Varicella*) as a condition of enrollment. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist Brandeis University in the reasonable accommodation process.

<p>The person named above should not receive the <i>[insert disease name]</i> vaccine due to:</p>
<p>This exemption should be: Temporary, expiring on: __/__/__, or when _____. Permanent.</p>

I certify the above information to be true and accurate, and request exemption from the *[insert disease name]* vaccination for the above-named individual.

Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone: