

MORAVIAN UNIVERSITY

Application for Medical Exemption from Vaccine Requirement

Name of Student: _____

DOB: _____

Student Signature: _____

Date: _____

Name of Healthcare Provider: _____

Phone #: _____

License #: _____

Expiration date: _____

State of Issue: _____

Practice Address: _____

Email Address: _____

I hereby certify that the above-referenced patient requires a medical exemption from the following **required** vaccine(s).

Please use a separate form for each vaccine:

☐ Measles/Mumps/Rubella (MMR)

☐ Hepatitis B

☐ Varicella

☐ Tetanus/Diphtheria/Pertussis (Tdap)

☐ Meningitis- A,C,W,Y (required of residential students)

Reason- each vaccine should be addressed separately. Please use a separate form for each vaccine:

☐ CDC Contraindication: _____

☐ Severe Allergic/other reaction following a dose of the vaccine

☐ Known (diagnosed) allergy to a component of the vaccine: _____

☐ Medical circumstance preventing vaccination: _____

Provide a **summary** explanation for vaccine exemption to support the reason indicted above. **Supporting clinical documentation must be attached for this exemption request to be considered:** _____

This contraindication is ☐ Permanent ☐ Temporary until: _____

I hereby certify that I provide regular health care for the patient above, and I am not submitting this request as a relative or personal/family friend.

Provider Signature: _____

Date: _____

Please upload the completed form to moravian.studenthealthportal.com. We cannot approve an incomplete form. Once approved, Health Services staff will notify you via email and share education regarding the disease(s) and vaccine(s). Please note, if there is an outbreak on campus of a condition that you lack immunity for, you will not be allowed to reside in University owned housing and will need to move off campus for the duration of the outbreak.