



**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://westliberty.studenthealthportal.com/>

**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

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 the Measles, Mumps, and Rubella vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the diagnosis or disability: \_\_\_\_\_

Healthcare Provider Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Healthcare Provider \_\_\_\_\_ Date \_\_\_\_\_