EMORY UNIVERSITY | Student Health Services
Campus Life

Vaccination Requirement:
Student Medical Exemption Request Form 2023-2024

Student Name: _____ Student ID #: _____

School (Circle one): SON MED GAH UAH GSAS LAW THEO RSPH GBUS UBUS UCOL

Anticipated Year of Graduation: _____ Campus: ☐ Atlanta ☐ Oxford

All incoming Emory students must meet the CDC and American College Health Association immunization guidelines prior to registration for classes. However, Emory University Student Health Services (EUSHS) is aware that some students have a medical contraindication (allergic reaction to the components of a vaccine, for example) to one or more of the required vaccinations. EUSHS requires those students to submit documentation that is signed and dated by a non-relative healthcare provider to validate the medical contraindication. This document should be uploaded onto the Student Patient Portal for further review. Unless the exemption is designated as temporary by the treating physician or medical review team, the approved medical exemption will be honored for the duration of the student's time at Emory University.

This form needs to be completed and signed by a Healthcare Provider (MD, DO, PA, NP).

Medical exemption approvals are based on the most current medical information, including, but not limited to, CDC guidance. Depending on the medical information provided by the physician, more information may be requested before an exemption can be granted.

Section I: Healthcare Provider Only (MD/DO/PA/NP)

Emory University requires all students to be vaccinated against the following vaccine preventable diseases.

This student cannot be vaccinated for one or more of the required vaccines listed below:

- ❑ COVID-19 Primary Series (Health Science Students)
- ❑ Measles/Mumps/Rubella (MMR)
- ❑ Tetanus/Diphtheria Toxoid or Tetanus/Diphtheria/Pertussis
- ❑ Hepatitis B
- ❑ Meningococcal ACWY
- ❑ Varicella (Chicken Pox)

If this is a temporary medical exemption, please provide the time period/end date of the request: _____

Please choose the exemption reason below and provide an explanation:

- ❑ The patient has severe, life-threatening allergies to the vaccine(s) or an ingredient in the vaccine(s).
- ❑ The patient had a severe, life-threatening reaction to the vaccine(s).
- ❑ The patient has a current medical condition that prohibits them from obtaining the vaccine(s).

Healthcare Provider Explanation (*Required*):

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Please continue to next page

A signature from a licensed healthcare provider below or on an attached document is required to validate a medical contraindication that does not allow the student to receive the vaccine(s).

Healthcare Provider (MD, DO, PA, NP) Signature: _____ Date: ____/____/_____

Healthcare Provider (MD, DO, PA, NP) *(Please Print)*: _____

Official Office Stamp:

Section II: Student Only

I understand that if I am medically unable to be vaccinated with the required vaccines, I am at risk for acquiring these diseases. I acknowledge that my request may not be granted if it is not consistent with current medical guidance (including CDC guidance), or if it creates an undue hardship on the school. I understand that if an outbreak of COVID-19, Meningitis, Measles, Mumps, Rubella, Varicella or Pertussis were to occur on the Emory campus, I would be removed from all campus activities (including residential facilities and classes) until health officials determined that the outbreak was controlled.

Student Signature: _____ Date: ____/____/_____

Log into the Student Health Patient Portal (https://www.shspnc.emory.edu) to upload this form and submit your request. You will receive confirmation of receipt and the decision regarding your submission through the portal via secure message within 5 days.