

Carnegie Mellon University

Application for Medical Exemption from Vaccination

Name: _____
(Print Last, First, MI)

Date of Birth (MM/DD/YY): _____

Andrew ID (If applicable): _____

Email Address: _____

Phone Number: _____

Student Instructions for Submission of Application for Medical Exemption from Vaccination:

Please have your medical provider complete the Healthcare Provider Section and Verification portion of this form, and submit the completed form to health@andrew.cmu.edu or fax to 412-268-6357. Information will be kept only in your confidential electronic health record. Your application will be reviewed, and you will receive a secure message through HealthConnect notifying you of the decision. If your request is granted, your vaccination compliance record will be updated. You may check your compliance record to verify your information at <https://www.cmu.edu/health-services/healthconnect/index.html>.

Student Section and Attestation:

By signing this application, I am requesting a medical exemption from vaccination for one or more of the following immunizations required by Carnegie Mellon University ("CMU") for incoming and/or current students:

- _____ Meningococcal ACWY (required only for students living on campus)
- _____ MMR- Measles, Mumps, and Rubella
- _____ Varicella
- _____ COVID-19

By signing this application, I attest that:

- I have reviewed the information on the risks associated with these diseases provided by CMU on its University Health Services website at <https://www.cmu.edu/health-services/new-students/index.html#immunizations>.
- I have been informed 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.
- I understand that a student who has been exempt from a vaccination is still considered susceptible to the disease(s) for which the vaccine offers protection.
- I understand that, for the safety of the campus community, I will be required to comply with CMU's infection control measures, which may include removal from CMU if CMU and/or a local or state public authority advises removal due to a communicable disease outbreak.
- I understand that, if I am applying for a medical exemption from COVID-19 vaccination, I must comply with CMU's COVID-19 mitigation protocols.

_____ Date: _____
Student Signature

_____ Date: _____
Signature of Parent/Legal Guardian (if under age of 18)

_____ Date: _____
Printed Name of Parent/Legal Guardian (if under age of 18)

Healthcare Provider Section and Verification:

A licensed physician, physician’s assistant, or nurse practitioner must complete the medical exemption statement and provide their information below. Forms completed by the Student will not be accepted.

Healthcare Provider Instructions: Completing this form verifies that the following medical contraindication precludes vaccination for the below-selected vaccine(s). Guidance for medical exemptions for these vaccinations can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report.

Name of Student (Printed): _____

Check Applicable Vaccine(s):

- _____ Meningococcal ACWY (required only for students living on campus)
- _____ MMR- Measles, Mumps, and Rubella
- _____ Varicella
- _____ COVID-19
- _____ Influenza

Provide a detailed explanation of the specific medical contraindication requiring a vaccine exemption:

This medical contraindication is: [] Permanent [] Temporary
If temporary, please provide length of time: _____

I hereby certify that the above-named patient qualifies for a medical exemption from the above-referenced vaccine(s) and that the medical contraindication is well-documented in their health record.

Signature of Healthcare Provider: _____ Date: _____

Printed Name: _____

Email: _____

Phone: _____

Practice Address: _____