Student Health and Counseling Center

Immunization Exemption Medical Provider Form

Student Name________________________________Student ID #___________________________

Student Email________________________________Phone Number__________________________

To request an exemption from a required immunization due to a medical reason, students must submit an *Immunization Exemption Medical Provider Form* completed and signed by a licensed medical provider. Students can upload the completed form to their Patient Portal, or their medical provider can complete an online form with a digital signature. Forms can be found using this link: https://uaf.edu/chc/ forms.

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions.

This guide can be found at the following website: http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm.

The following section must be completed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician Associate-Certified (PA-C) as applicable.

In my professional opinion, the following immunizations would be injurious to the health of the above named student. ___(Medical provider's initials indicating their agreement with the statement)

Check appropriate antigen(s)

□ Diphtheria □ Tetanus □ Pertussis
□ Measles □ Mumps □ Rubella
□ Polio □ Hepatitis A □ Hepatitis B
□ Varicella □ Hib □ COVID-19

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Check appropriate antigen(s)

□ Diphtheria □ Tetanus □ Pertussis
□ Measles □ Mumps □ Rubella
□ Polio □ Hepatitis A □ Hepatitis B
□ Varicella □ Hib

Provider Name (Print)_____________________________________License______________________________

Address____State/Location_____________________________

Telephone_______________________________________

Signature____Date __________________________________