

UNIVERSITY OF SOUTHERN MISSISSIPPI
Immunization Medical Exemption Request

INSTRUCTIONS

- The student, or the parent/guardian of a student under 18 years old, AND student's physician must complete and sign the applicable sections of this Medical Exemption Request Form indicating the vaccine(s) for which the student is requesting exemption.
- The student must upload the completed exemption form to the USM Admissions immunization upload link.
- The completed Medical Exemption Request Form will be reviewed by the USM Immunization Nurse, and a copy will be maintained in the student's admission record.

Date of Request: _____

Student's Full Name: _____ **Date of Birth:** _____

Address: _____ **Phone Number:** _____

Name of Parent/Guardian: _____ **Phone Number:** _____
(If student is under 18 years old)

Name of Student's Physician: _____ **NPI #:** _____

Select the required vaccine (s) for which you are requesting medical exemption:

___ **Measles, Mumps, and Rubella (MMR):** ___ **Permanent** ___ **Temporary with Duration** _____

___ **Hepatitis B:** ___ **Permanent** ___ **Temporary with Duration** _____

The student must complete the following:

I, _____, understand that by completing this form, I am assenting to the request of the medical exemption from the above vaccine(s) for myself.

• I understand that by not receiving the vaccination(s) specified above I may be endangering my life or health, and the life or health of other students. I attest that the medical reasons for not receiving the vaccine(s) outweigh the risk of death or disability to myself or other students from the vaccine preventable disease(s).

• I understand that if any vaccine-preventable diseases for which I have not been adequately immunized are occurring in or threatening to occur in the community, I will, for the safety and benefit to myself and other students, be excluded from participating in my courses and other campus events in-person until the infectious disease is no longer present or is no longer a threat to the safety and welfare of myself or other students. I understand that if I am excluded from participating in my coursework in-person, there is no guarantee that a remote option will be made available.

• I understand that this exemption is only applicable to the above referenced vaccine(s) and for use at the University of Southern Mississippi only.

• I understand that some degree programs require students to participate in learning opportunities outside of the University. I understand that this exemption may not be applicable to vaccine requirements of other institutions, which may adversely affect my ability to participate in external programs. I understand that my inability to participate in a practicum experience or internship due to external vaccination requirements may hinder my ability to complete a program, my progression towards an on-time graduation, or limit the programs I am able to participate in. I acknowledge this risk and hold the University harmless for any such effects.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If student is under 18 years old)

Student's Physician Signature: _____ **Date:** _____