



**A medical exemption for the mandatory vaccine requirements is available to those for whom a medical provider has determined that the potential outcome of receiving the vaccine would put the individual at a greater threat than would contracting the disease.**

Please submit this form once completed by your personal medical provider (MD, DO, NP or PA) and any supporting documentation in order to be excused from this requirement. The exemption form will be reviewed by La Sierra University healthcare professionals. **For Covid-19 exemption, DO NOT USE THIS FORM.**

**1. Please indicate which vaccine(s) this patient should be exempted from:**

COVID  Hepatitis B  Measles-Mumps-Rubella (MMR)  Meningococcal Conjugate  Tdap

**2. Please indicate the medical reason(s) why this patient should not receive the immunization(s) indicated above.**

Severe (life threatening) allergy or allergic reaction to vaccines given in the past  
 Severe (life threatening) allergy to a component of the currently available vaccines  
 Other – Please provide a brief narrative describing the medical condition requiring a medical exemption for the above vaccine.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Is this a permanent or temporary vaccine exemption?**

Permanent  Temporary (If so, on what date will it expire? \_\_\_\_\_)

**I certify that the above information is accurate. (Official Stamp)**

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

Title:  MD  DO  NP  PA

\_\_\_\_\_  
Healthcare Provider Name (Print)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Dated: \_\_\_\_\_

# MEDICAL EXEMPTION FOR VACCINATION

Updated 9/21/2022



In the event of an outbreak of any vaccine preventable disease for my protection and that of the La Sierra University community, students with an immunization exemption or unvaccinated students who do not have documentation of immunity\* may be excluded from attending school during an emergency, or during an outbreak of, or after exposure to, any of these diseases: Measles, Mumps or Meningococcal Meningitis. The student can potentially be excluded from all on campus activities, including but not limited to in person classes, athletics, etc. Exclusion will remain in place until the outbreak is cleared by the Riverside County Department of Public Health. If the student lives in residential dorm housing, the student will be asked to isolate in a designated quarantine/isolation room until cleared.

La Sierra University Student (or guardian if student under 18 years of age) -- Please initial statements below.

By providing my initials below, I acknowledge that I understand the following statements:

\_\_\_\_\_ I understand that by claiming exemption for the above reason(s), and in the event of an outbreak of any vaccine preventable diseases, I will be excluded from the University campus as stated above.

\_\_\_\_\_ I know that I may readdress this issue with my medical provider or with a medical provider in the Student Wellness Center at any time and that I may change my mind and accept vaccination anytime in the future.

\_\_\_\_\_ I understand that if this exemption was deemed temporary by my medical provider that I must submit a reviewed newly completed form by said provider every academic year.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian, if the student is under 18 years old

\_\_\_\_\_ Date

\* [only applicable if exemption requested is for measles, mumps, or meningococcal meningitis](#)

**For use by La Sierra University Student Wellness Staff only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
Print Name Signature