

# Samford University Health Services

## REQUEST FOR EXEMPTION FROM IMMUNIZATION REQUIREMENT: MEDICAL

### Student Statement:

I understand Samford University, in accordance with the recommendations of the American College Health Association, requires each student to submit documentation of certain immunizations. I request an exemption from this requirement on the grounds that such immunization(s) would pose a medical risk for me.

I have been informed of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I understand that, in the event of an outbreak of a vaccine-preventable disease for which I have not been immunized, I may be subject to exclusion from campus at the discretion of the Director of University Health Services or the Vice President of Student Affairs. I agree to assume the risks resulting from declining these vaccines, and I agree to indemnify and hold harmless Samford University from any liability resulting from my declining these vaccines.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
SU Identification Number

\_\_\_\_\_  
Signature of Parent or Guardian (if under 19)

\_\_\_\_\_  
Date

### Provider Statement:

The physical condition of the above named individual is such that immunization would endanger life or health.

\_\_\_\_ This is a temporary exemption (e.g. pregnancy). Expiration date \_\_\_\_\_

\_\_\_\_ This is a permanent exemption (e.g. chronic illness)

\_\_\_\_ This is a personal choice. I have discussed with the student the consequences of this choice.

\_\_\_\_\_  
Provider (MD, DO, PA, NP) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name (print)

**This form should be signed by a medical provider and uploaded to your Med+Proctor account.**