

CERTIFICATE OF EXEMPTION – MEDICAL

Instructions

1. Students/parents must sections 1, 2, and 4 in the company of a health care practitioner (i.e., MD, ARNP, ND).
2. A licensed health care practitioner must complete section 3
3. A parent or guardian must sign the form if the student is under the age of 18.
4. Upload the completed form via the Immunization Verification Portal at immunity.washington.edu

1. STUDENT INFORMATION

Last name:	First name:
Date of birth (MM/DD/YYYY):	7-digit UW student ID:
UW email:	Other email:

2. CHOOSE YOUR CAMPUS/SPECIAL PROGRAM

Seattle <input type="checkbox"/>	Tacoma <input type="checkbox"/>	Bothell <input type="checkbox"/>	Check if you are an IELP student <input type="checkbox"/>
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3. LICENSED MEDICAL PRACTITIONER MEDICAL EXEMPTION

A licensed health care practitioner (MD, DO, ARNP, PA, or ND) should complete this section

A health care practitioner may grant a medical exemption to a vaccine antigen required by UW only if in their medical judgment, the vaccine antigen is not advisable for the student. When it is determined that this particular vaccine antigen is no longer contraindicated, the student will be required to have the vaccine. 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.

Disease	Permanent	Temporary	Expiration date if temporary
Measles (rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal meningitis ACWY	<input type="checkbox"/>	<input type="checkbox"/>	

Health care practitioner declaration

I declare that vaccination for the disease(s) checked above is not advisable for this student. I have discussed the benefits and risks of immunizations with the student or their parent/legal guardian as a condition for exemption. I am a qualified MD, ND, DO, ARNP or PA, and the information provided on this form is complete and correct.

Practitioner credentials: MD ARNP DO ND PA

Health care practitioner name (print)	Health care practitioner signature	Date
Health care practitioner mailing address		Health care practitioner phone

4. SELF/PARENT/GUARDIAN DECLARATION

Self or parent/guardian declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have received notice that if an outbreak of vaccine-preventable disease occurs, I/my student may be excluded from UW classes and activities for the duration of the outbreak. The information on this form is complete and correct.

Self or parent/guardian name (print)	Self or parent/guardian signature	Date
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