

Request for Medical Exemption for Immunizations Requirements

Student Name: _____ Date of Birth: _____

Student ID Number (G#): _____

The above named student should be exempt from some or all of the required pre-entrance immunizations as administration of immunizing agents may be detrimental to this student's health.

Medical Diagnosis: _____

Pregnancy EDC: _____

Please mark the vaccine(s) that the proposed medical exemption(s) applies to:

Immunization:

Duration of physical condition or medical circumstance

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Td | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Meningitis (A,C, Y, W-135) | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> COVID | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Temporary until date: _____ | <input type="checkbox"/> Permanent |

Additional information:

Per Virginia Code 12VAC5-110-80:

The school has written certification on either of the documents specified under "documentary proof" in 12VAC5-110-10 from a physician, registered nurse, or a local health department that one or more of the required immunizations may be detrimental to the student's health. Such certification of medical exemption shall specify the nature and probable duration of the medical condition or circumstances that contraindicates immunization.

Upon the identification of an outbreak, potential epidemic, or epidemic or a vaccine-preventable disease in a public or private school, the commissioner has the authority to require the exclusion from such school of all children who are not immunized against that disease.

I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the State Health Commissioner may order the student's exclusion from school, for their own protection, until the danger has passed.

I understand that George Mason Student Health may approve or deny this exemption request.

Medical Provider Printed Name and Title

Medical Provider Phone Number

Medical Provider Signature

Date