

## **Immunization Medical Exemption Form**

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Last Name	First Name	Date of Birth	XID
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Street Address	City	State	Zip Code	Home Telephone
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### **Medical Exemption**

A medical exemption may be granted to any student who signs below acknowledging having a medical condition that precludes the student from receiving vaccinations. Please mail or fax this form to Redfern Health Center along with documentation from a physician, nurse practitioner, or physician assistant stating that you have a medical condition and/or contraindication to receiving vaccinations.

**Measles, Mumps, Rubella Information (MMR)**

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: <http://www.cdc.gov/vaccines/vpd-vac/measles>.

**Tetanus, Diphtheria, Pertussis Information (TDAP)**

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria and Pertussis, go to the CDC's website at: <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td-DT/Tdap.htm>.

### **Acknowledgement Statement**

I have read and understand the MMR and/or TDAP Information above and I understand the risks and benefits of the vaccine(s). I hereby acknowledge that I have a medical condition that precludes me from receiving vaccinations. I further understand in the event of an outbreak on campus, **I may be required to leave campus for up to two weeks after the last case is confirmed.**

Signed: \_\_\_\_\_  
(Parent signature required if student is younger than 18 years old)

Fax or Mail to:

Redfern Health Center  
Clemson University  
Box 344054 Rm: 34  
Clemson, SC 29634-4054

Fax: (864) 656-0760



Please visit our website at [clemson.edu/studenthealth](http://clemson.edu/studenthealth).