John Carroll University

Student Health and Wellness Center

Students may be exempt from one (1) or more of the Vaccination Requirements(s) for medical reasons.
Instructions: Please fill out and sign the form. Your licensed medical provider will complete the Medical Exemption Requested section. **Upload** the completed form to your electronic medical record, OR **fax** to 216-397-1787, OR **email** to studenthealthcenter@jcu.edu, OR **mail** to JCU Student Health Center, 1 John Carroll Blvd, University Heights, OH 44118

MEDICAL EXEMPTION - Vaccination Requirement

Last Name_____ First Name_____

Birth Date_____ Banner ID_____ Semester Start 20____
(circle one) Fall Spring

The above-named student requests an exemption for the following vaccine(s) (check all that apply)

- ☐ Hepatitis B
- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Meningococcal conjugate
- ☐ Tetanus/Diphtheria/Pertussis (Tdap)
- ☐ Varicella

The above-named student understands that by submitting the John Carroll University Medical exemption form for one or more vaccines required by the Vaccination Requirement, the student exempts at their own risk. The student releases John Carroll University, its faculty, staff and students from any and all claims, connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that they may be asked to leave campus until the situation is resolved.

Student/Parent (student under age 18 years) Signature_____ Date_____

The above-named student requests the following exemption: **Medical Exemption Requested**
Signature of licensed medical provider (MD, DO, PA, NP) and NPI number required.

TO BE COMPLETED BY LICENSED MEDICAL PROVIDER (MD, DO, PA, NP)

Provider Name (Print)_____ Phone_____

Provider Signature (credentials)_____ Date_____

Provider NPI _____

Office Stamp: