

**Brooks Health & Wellness Center**

**Immunization Requirements Medical Exemption Form**

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| **Last Name:** | Click or tap here to enter text. | **First Name**: | Click or tap here to enter text. |

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| **Student ID:**  | Click or tap here to enter text. | **Birthdate:** | Click or tap here to enter text. | **Phone/Cell:** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address:** | Click or tap here to enter text. | **City:** | Click or tap here to enter text. | **State:** | Click or tap here to enter text. | **Zip:** | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **Parent/Guardian:** | Click or tap here to enter text. | **Phone/Cell:** | Click or tap here to enter text. |

**Medical Exemption**

A medical exemption may be granted to any student who sign the below acknowledging having a medical condition that precludes the student from receiving vaccinations. Please submit this form 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 (MMR) Information**

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 (TDAP) Information**

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 students enrolled in a college or university receive and initial immunization with DTap, DTP, DT or Td. For more information of Tetanus, Diphtheria and Pertussis. Go to the CDC’S website: <http://www.cdc.gov/vaccines/vpd-vac/DTap-Td-DT/Tdap.htm>.

**Acknowledgement Statement**

I have read and understand the MMR and TDAP information above and I understand the risk and benefits of the MMR and TDAP vaccines. I hereby acknowledge that I have a medical condition that precludes me from receiving vaccinations.

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| **Student E Signature**: | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |

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| **Parent/Guardian E Signature:** | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |

\*\*Parent signature required if student is younger than 18 years old\*\*

**PLEASE RETURN THIS FORM TO ADDRESS BELOW OR E-MAIL PRIOR TO REGISTERING FOR CLASSES**:

S.C. State University | 300 College Street, NE | Post Office Box 7178 | Orangeburg, SC 29117

E-mail-BHC@scsu.edu |Office-803-536-7053/7055|Fax-803-533-3747

**6/2015, 12/21, 01/24**