

Request for Medical Exemption: MMR Immunization

Name: _____

UNI: _____ School/Program: _____

University Email: _____ Phone: _____

Academic Year Requested: _____

New York State public health law and University policy requires that all students document immunity to measles, mumps, and rubella. **A medical exemption may be granted upon receipt of a written statement, not more than 2 years old, signed by a licensed healthcare provider whose specialty is appropriate to the associated condition and includes the following:**

- Specific diagnosis of condition or treatment which contraindicates an immunization
- Duration of condition/treatment
- Any medications or other conditions that preclude further immunizations

In addition, students must submit results of titers (blood tests to determine immunity) for measles, mumps, and rubella for knowledge in the event of an outbreak. Exemption approval cannot be granted without knowledge of current antibody levels.

Medical exemptions expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization or upon expected graduation date. The assigned expiration is at the discretion of Student Health on Haven.

In the event of an outbreak of any of the vaccine preventable diseases covered by this law on or near campus, students holding exemptions may be excluded from all campus activities, for their protection, until the outbreak is declared to be over.

Please allow 7-10 business days for your request to be processed. After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted. If the approved exemption expires prior to your expected graduation date, you will be expected to complete the requirement at the exemption's expiration. Should the condition continue, or a new immunization contraindication occur, a new request with uploaded documentation is required.

Please read the [MMR Vaccine Information Statement](#), complete the following page of the form, attach all supplemental materials and upload all documents to the Student Health Patient Portal:

<https://portal.studenthealth.cuimc.columbia.edu>

Initial next to each of the statements below:

	I request exemption from MMR immunization requirements due to my current medical condition. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Columbia University to the required immunizations.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will immediately report it to Columbia Health and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I acknowledge that I have read the MMR Vaccine Information Statement .
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization.
	I understand and agree to comply with and abide by all Columbia Health and University policies and procedures.
	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes or new medical contraindications.
	I certify that the information I have provided on and in connection with this request is accurate and complete.

Student

Printed Name: _____

Signature: _____ Date: _____

By checking this box and typing my name above, I am electronically signing this form.