

# Stony Brook University

## Request for Medical Exemption from MMR vaccination

Name		SBU ID	
SBU Email		PHONE	
School (e.g., College of Business)			

Immunization requirements are in place to protect the health and safety of our community, including our employees, students, and vulnerable patient population. NYS Public Health Law Section 2165 and NYCRR Title 10, Subpart 66-2 require students attending post-secondary institutions in New York state, who were born on or after January 1, 1957 and registered for 6 or more credit hours, to demonstrate proof of immunity against measles, mumps, and rubella. All students who are unable, for medical reasons, to obtain full immunization status should request a medical exemption until such time that full immunization can be completed.

### Clinician Section

**(This section must be completed and signed by a licensed Physician, Physician's Assistant, or Nurse Practitioner)**

\*Please include with your submission upload, any supporting documentation related to medical visits, test results, etc. Providing full documentation at the time of submission will facilitate a quicker review and determination of exemption request.

Please indicate which vaccine contradiction(s) apply:

Immediate allergic reaction to previous dose or known (diagnosed) allergy to component of the MMR vaccine

Being an immunocompromised individual or receiving immunosuppressive medications

Diagnosis: \_\_\_\_\_ Treatment: \_\_\_\_\_ Treatment End Date: \_\_\_\_\_

Other (Please indicate)

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**Clinician Certification: By completing this form, you certify that the above-named individual is a patient under your care and has been examined by you.**

Name of Clinician		Clinical Provider License #	
Clinician's Signature		Practice Name	
Date of Signature		Practice Phone	

### Student Section

By signing this form, I certify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and that if my request for an exemption is granted, I will comply with all SBU requirements for unvaccinated individuals, as may be updated or modified. I further agree that by signing this form, I am providing permission for SBU to contact my medical provider if more information or documentation is needed to support my exemption request.

**Signature of Student (if 18 years of age or older) or parent/guardian (if under the age of 18)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL OFFICE USE ONLY:

Reviewed by Medical Director    Medical Director Initial: \_\_\_\_\_    Date: \_\_\_\_\_