

REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATIONS

LAST NAME:	FIRST NAME:	MI:
STUDENT ID (8-DIGITS):	DATE OF BIRTH:	
UCHICAGO E-MAIL:		

This form is to be submitted for a medical exemption to the State of Illinois and University of Chicago's immunization requirements. Its purpose is to establish the medical basis for your request since the State permits medical exemptions under [Section 694.200](#). **The student's healthcare provider should specify the vaccine(s) that could be detrimental to the student's health, along with the nature and probable duration of a medical condition or circumstances that contraindicate that immunization(s). The healthcare provider may either use the space below and sign this statement or submit a separate written letter.** Please upload this completed form and/or healthcare provider letter to your [my.WellnessPortal](#).

Vaccine(s) and medical reason:

SIGNATURE OF HEALTHCARE PROVIDER	DATE	CLINIC STAMP:
HEALTHCARE PROVIDER NAME (PRINT)	ADDRESS	
TELEPHONE NUMBER	FAX NUMBER	

By signing below, I verify that I have received information recommending immunizations and understand immunizations are required for admission by the State of Illinois and the University of Chicago. I also acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. Due to the above stated reasons, I have elected to not take the vaccine(s). The University of Chicago will not be held liable in the event I contract a vaccine preventable disease on campus. I understand I may be treated as susceptible, advised to be immunized, and possibly barred from campus until such time as may be specified by a healthcare provider, the Illinois State Department of Health, and the Chicago Department of Health.

Printed Name of Student (or guardian)

Signature of Student (or guardian)

Date