Salt Lake Community College

Certificate of Exemption—Medical

Last Name: **First Name:** **Middle Initial:** **Birthdate (mm/dd/yyyy):**

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine as needed if in his or her judgment, the vaccine is not advisable for health reasons. Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at:
www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

*Please indicate which vaccine antigen(s) the **medical** exemption is referring to. If the patient is not exempt from certain antigen(s), mark "not exempt.":*

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
	☐	☐	☐	
Varicella	☐			

Health Care Practitioner Declaration

I declare that vaccination for the disease/s checked above is not advisable for this patient, I have discussed the benefits and risks of immunizations exemption. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Utah, and the information provided on this form is complete and correct.

_____ _____ _____

Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Utah License #_____

Student Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I understand that failure to immunize may result in the inability to be placed at clinical sites, which would also preclude me from completing required clinical coursework.

_____ _____ _____

Name (print) Signature Date