

Student Health and Wellness

234 Glenbrook Rd U-4011

Storrs, CT 06269

Medical Immunization Exemption Form

Name (Last, First, MI)	
Date of Birth	PeopleSoft #
Home Address	Cell Phone
	Home Phone
Date Entering UConn	Date Expected Graduation
Exempt immunization/Testing (Check all that apply) <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Varicella <input type="checkbox"/> Meningitis <input type="checkbox"/> Other _____	

The UConn Mandatory Student Health History Form must also be submitted along with this form.

Statement of Exemption to Immunization Law Medical Exemption

The physical condition of the above named individual is such that the required immunizations above are medically contraindicated and would endanger life or health.

State reasons for requesting a medical exemption: _____

 Healthcare Provider Signature Date _____

 Healthcare Provider Name(Please Print) NPI#: _____

I understand that a medical exemption to the above immunizations subjects me to exclusion from campus in the event of an vaccine-preventable disease outbreak.

Signed _____ Date _____

Signed _____ Date _____

Parent or guardian if student is under 18 years of age.

Exemption to immunization 2/01, 8/08, 8/09,5/14,11/18, 5/21

The original of this form is to be scanned and uploaded to your student health portal at myhealth.uconn.edu