

Certificate of Immunization Exemption Medical

Name Last: _____ First: _____ Middle: _____

Date of Birth: _____

The above named applicant qualifies for a Medical Exemption to Immunization for the following reason (select one):

- In the opinion of a physician, nurse practitioner, or physician assistant the required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant's family or household (contraindication due to contact with family or household member applies only to MMR (measles/rubella) and varicella (chicken pox) vaccines). In this circumstance, the exemption may apply to a specific vaccine(s) or all vaccines. If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the Certificate of Immunization Exemption.
- Administration of the required vaccine would violate minimum interval spacing. In this circumstance, the exemption shall apply only to an applicant who has not received prior doses of exempted vaccine. An expiration date, not to exceed 60 days, and the name of the vaccine shall be recorded on the certificate.

Unless otherwise determined by Grinnell College, medical exemptions do not apply in times of emergency or epidemic as determined by the state board of health and declared by the director of public health. In the event of an outbreak of a vaccine-preventable disease or for other health related reasons, Grinnell College reserves the right to deny non-immunized students access to campus or other College facilities. The length of time a student is excluded from school will vary on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

My signing the Certificate, I certify the immunizations would be injurious to the health of the applicant, to a member of the applicant's family or household, or the required vaccine would violate the minimal interval spacing.

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A Certificate of Immunization Exemption for medical reasons is valid only when signed by a physician, nurse practitioner, or physician assistant.

List vaccine(s): _____

Certificate Expiration Date: _____

Practitioner's Printed Name: _____

Signature: _____
Physician (MD or DO), Physician Assistant, Nurse Practitioner

Today's Date: _____

Medical Reason for Exemption:

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I hereby acknowledge that this exemption is a free and voluntary act, without coercion of any kind. I further hereby assume the risk of non-immunization and, on behalf of myself and my heirs and representatives, release Grinnell College and all of its officers, trustees, employees, agents and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses, or injuries, including death, to applicant, that arise out of, or are in any way connected to the applicant's decision to not be immunized.

Student Signature: _____

Parent's/Guardian's signature: _____

Date: _____