

Lander University Wellness Center
Student Health Services
Medical Exemption from Required Immunizations

Last Name	First Name	Date of Birth	L#	
<hr/>				
Street Address	City	State	Zip Code	Home Telephone

Medical Exemption

A medical exemption may be granted to any student who has a documented medical condition that prevents them from receiving vaccines. This form must be signed by the student, and the student's physician, certifying they have a condition in which the following vaccine(s) is/are medically contraindicated:

Measles, Mumps, Rubella Information

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: [Measles, Mumps and Rubella Vaccination](#)

Tetanus, Diphtheria, Pertussis Information (TDAP)

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria, and Pertussis, go to the CDC's website at: [Tetanus, Diphtheria, and Pertussis Vaccination](#)

Meningococcal Information

Meningitis is an infection of the fluid of a person's spinal cord and the fluid surrounding the brain. Meningitis is usually caused by a viral or bacterial infection. A vaccine is available to protect against some strains of bacterial meningitis. This vaccine is required by all students; however, students may sign below to decline the vaccination. For more information on the Meningococcal vaccine, please visit the CDC website: <https://www.cdc.gov/vaccines/vpd/mening/index.html>

Acknowledgement Statement

I have read and understand the MMR, TDAP, and/or meningococcal information above and I understand the risks and benefits of the vaccine(s). I hereby acknowledge that I have a medical condition in which vaccination is medically contraindicated. I further understand that, in the event of an outbreak of a vaccine preventable communicable illness on campus, **I may be required to leave campus for the complete duration of the incubation period as determined by the Centers for Disease Control and Prevention, beginning after the last case is confirmed.** Exclusion from campus includes class attendance, occupation of any university owned housing or common space, as well as participation in any university sponsored event held on campus or hosted at an off-campus site.

Signed: _____ Date: _____

Physician Acknowledgement

I certify the above listed student has a diagnosed medical condition in which vaccination is medically contraindicated. Please exempt the above listed student from the vaccine requirements noted above.

Printed name of physician/Physician Assistant/Nurse Practitioner

Office name

Signature of physician/Physician Assistant/Nurse Practitioner

Office address

Date

City State Zip Code

Office phone number

Please return to:

Lander University Wellness Center
Genesis Hall
320 Stanley Avenue
CPO Box 6045
Greenwood, SC 29649
Phone: (864) 388-8885
Fax: (864) 388-8456
E-mail: studentwellness@lander.edu

