

UNIVERSITY OF PITTSBURGH STUDENT HEALTH SERVICE

Exemption to Immunization Requirements

Students who claim exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease and can range from several days to more than a month.

STUDENT INFORMATION

(ALL FIELDS MUST BE COMPLETED)

STUDENT IDENTIFICATION NUMBER _____ DATE OF BIRTH _____
(MONTH/DAY/YEAR)

NAME _____ / _____ / _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS _____ / _____
(STREET) (CITY/STATE/ZIP)

TELEPHONE _____ E-MAIL _____

MEDICAL EXEMPTION- check only the specific vaccine(s) that is or may be

- Measles Hepatitis Meningococcal* (Applies only to students living in University housing)
 Mumps Varicella
 Rubella COVID-19

Reason for medical exemption: _____

This exemption will likely continue until: ____ / ____ / ____

Printed Name of Health Care Practitioner Telephone (____) _____ - _____

Signature of Health Care Practitioner Date ____ / ____ / ____

RELIGIOUS EXEMPTION

- Measles Hepatitis Meningococcal* (Applies only to students living in University housing)
 Mumps Varicella
 Rubella COVID-19

Signature of Student (or parent if under 18 years) Telephone (____) _____ - _____ Date ____ / ____ / ____