University of Pittsburgh | Bradford

Medical Exemption for MMR or Varicella Vaccines

Student Name:_____

Student ID:_____ Date of Birth:_____

Exemption(s) needed: MMR_____ Varicella_____

Reason for Medical Exemption:

_____

_____

_____

_____

Printed Name of Health Care Practitioner:_____

Signature of Health Care Practitioner:_____

Today's Date:_____ Phone Number:_____