

UNIVERSITY OF PITTSBURGH AT BRADFORD
STUDENT HEALTH SERVICES

Immunization Exemption Request Form

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 of 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 _____
(Pitt email)

Type of Exemption Request:

Medical **Moral/Ethical** **Religious**

Select the specific vaccine(s) that this exemption applies to:

Measles **Meningococcal*** (Applies only to students living in university housing)
 Mumps **Varicella**
 Rubella

Reason for Exemption:

Signature of Student (if 18 years or older)

Today's Date

Signature of Parent/Guardian (if student under 18 years)

Today's Date

Printed Name of Parent/Guardian