

## **Vaccine Medical Exemption Request Form for Measles, Mumps, Rubella (MMR) Vaccines**

To request a medical exemption from the New York state MMR vaccination requirement, complete Part I, including the demographics section, the acknowledgement checkboxes, and the signature. Ask your medical provider to complete Part II and Part III, then submit the completed form to the Decker Student Health Services Center (DSHSC) as follows:

- Students who have paid their deposit should submit the form using the “Uploads” section of the [student health portal](#). Use the “Student Health Requirements” reason. If the form is uploaded elsewhere on the portal, it will not be reviewed. A decision regarding your request will be provided via the Secure Messaging function of the student health portal.
- Students who have not paid their deposit should fax the completed form to the DSHSC’s confidential fax at 607-777-2881, or by US postal mail at: Binghamton University, Decker Student Health Services Center, attn: Medical Director, PO Box 6000, Binghamton, NY 13902.

### **Part I. Student Information and Certification**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ B-Number: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Check each box to acknowledge:**

- If my request is granted, I acknowledge that I will be required to understand and comply with Binghamton University’s health and safety protocols pertaining to unvaccinated or under-vaccinated individuals. Furthermore, I acknowledge that the consequences of not complying with these regulations may include having a hold placed on my ability to register for future courses or being deregistered from current courses.
- I certify that my statements above, and any supporting documentation, are true and accurate.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Student’s signature, or parent/legal guardian must sign if the student is under 18 years old as of the first day of classes.

Note: The campus reserves the right to request additional documentation to support a request for a medical exemption.

## Part II. Medical Exemption Request

(to be completed by medical provider only)

A licensed medical provider (Physician, Physician's Assistant or Nurse Practitioner) and the requesting student should review the CDC guidance regarding contraindications for MMR vaccine. By completing Part II, Section A of this form, the medical provider certifies that all methods of vaccinating against the MMR viruses have been fully considered and that the student has at least one contraindication or precaution that precludes vaccination.

I certify that my patient (named in Part I) cannot be vaccinated with the MMR vaccine because of the following contraindication or precaution:

Contraindication: \_\_\_\_\_

Precaution: \_\_\_\_\_

The patient's inability to be vaccinated is:

- Permanent
- Temporary

If temporary, the expected date of eligibility to become vaccinated is: \_\_\_\_\_

## Part III. Medical Provider Information

(to be completed by medical provider only)

Provider name: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Provider Specialty: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_