



**University Health Services**  
**Tel: 410-704-2466 Fax: 410-704-3715**  
**Request for Medical Exemption from Immunization Requirements**

Student Name (Print): \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Towson University ID #: \_\_\_\_\_

**EXEMPTION FROM THE REQUIRED IMMUNIZATIONS:**

Only bona fide medical exemptions are allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

**Medical Exemption:** Health care provider must document below the specific required vaccine(s) that present a health risk to the student, the medical reason why the vaccine is contraindicated, and whether the exemption is temporary or permanent:

- MMR (measles, mumps, and rubella)
  - o Reason for exemption:
  
  - o How long will the medical contraindication last?
  
- Tdap
  - o Reason for exemption:
  
  - o How long will the medical contraindication last?
  
- Meningitis ACWY
  - o Reason for exemption:
  
  - o How long will the medical contraindication last?

**HEALTH CARE PROVIDER (PRINT NAME):** \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_