



# Immunization Exemption Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_  
 Primary Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand under Louisiana law R.S. 17:170 and/or the Louisiana State University Health Sciences Center Shreveport (LSUHS) policy, I may request an exemption from required immunizations under this law. I have reviewed the CDC website information regarding the indicated immunizations at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm).

Possible risks of not immunizing include: Becoming infected with disease, death, transmitting vaccine-preventable disease to others, exclusion from school or isolation/quarantine during an outbreak and/or delay in clinical placement. Clinical affiliates may impose additional restrictions or require additional documentation.

While the university is willing to consider the medical necessity for immunizations, the student will be completing clinical training at outside clinical facilities. There are legal clinical affiliate agreements with these sites that require student health mandates, i.e. MMR vaccinations. Failure to provide the necessary documentation for these clinical assignments may prohibit the student from entering the assigned clinical training site, which will result in a failing grade for the course and immediate dismissal from the program.

A licensed physician may exempt an individual from vaccination if the risk of harm due to the vaccine is greater than the individual and/or societal risk of being unvaccinated. This form must be completed and signed, noting the exemption.

**MEDICAL EXEMPTION**

The following immunization(s) is/are medically contraindicated for this student/employee:

Measles   
  Mumps   
  Rubella   
  Influenza   
  Varicella   
  Hepatitis B Series   
  TD/Tdap   
  Meningococcal

Reason for exemption(s): \_\_\_\_\_  
 \_\_\_\_\_

This exemption shall continue until: \_\_\_\_\_

_____ Printed Name of Physician	_____ Address
_____ Signature of Physician	_____ Date
_____ Physician's State and <a href="#">License #</a>	