



## REQUEST FOR *MEDICAL* EXEMPTION FROM A REQUIRED IMMUNIZATION

If you have an allergy to a required immunization or a specific medical condition that precludes the immunization requirement and you seek a medical exemption from USM and UMB's immunization standards, please consult with your healthcare provider and provide the following information.

Please print the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Department/School: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Dear Physician:

The policies of the University System of Maryland (USM) and University of Maryland Baltimore (UMB) require students to satisfy certain immunization and immunization requirements. UMB requires Measles, Mumps, Rubella, Hepatitis B, Varicella and Tetanus-Diphtheria immunizations for all students. Additional immunizations may be required based on your designated program or whether you live on campus, such as influenza or meningococcal.

\*An exemption to any immunization may not be honored by an external learning site requiring proof of immunization and may affect completion of course work.

Should you have any questions, please contact [shealth@som.umaryland.edu](mailto:shealth@som.umaryland.edu)

### Dear Physician/Advanced Practice Provider

Please complete the form below.

The above person should not be immunized for (Circle) Measles, Mumps, Rubella, Hepatitis B, Varicella, Tetanus-Diphtheria, Influenza or Meningococcal for the following reasons (Please check all that apply):

- Severe allergic reaction (e.g., anaphylaxis) after previous immunization.
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the immunization.
- Which ingredient caused an allergic reaction? \_\_\_\_\_
- What was the reaction? \_\_\_\_\_

How long will the medical contraindication last? \_\_\_\_\_

- Other Medical Reason – Please provide information in a separate narrative that explains the justification for the exemption by describing the nature, severity, and duration of the individual's impairment and the extent to which the impairment limits the individual's ability to receive the vaccine.



**FOR THE PHYSICIAN/ADVANCED PRACTICE PROVIDER**

I certify that \_\_\_\_\_ has the above contraindication or specific medical condition and request a medical exemption from the \_\_\_\_\_ immunization/s.

This is a patient currently under my professional care.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Note: Signature Stamp Not Acceptable)

Provider Medical License No.: \_\_\_\_\_ NPI No.: \_\_\_\_\_

**FOR THE REQUESTOR (Student)**

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in a determination to be unqualified for UMB enrollment or delayed progression of coursework or graduation. I also understand that my request for an exemption may not be granted if it creates an undue hardship for the University.

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

Print Name: \_\_\_\_\_

UMB Student ID \_\_\_\_\_

Signature of Parent or Guardian (<18 years of age): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those university officials who have a need to know.

**PLEASE UPLOAD THIS FORM TO THE DESIGNATED ELECTRONIC IMMUNIZATION RECORD**

**Summary of Next Steps:**

1. Receipt of this medical exemption request will be acknowledged by Student Health or UMB Student Affairs.
2. If you are granted a medical exemption, you may be required to undergo additional testing in addition to observing all health and safety protocols.
3. You will be notified of the decision regarding your requested medical exemption.
4. UMB will reconsider a denial only if you provide new information supporting your request. For reconsideration of a denial, please contact Student Health.