



# Exemption Declaration

Please fill out the form in ink. Information must be legible to be accepted

University of Louisiana Monroe

700 University Ave.

Monroe, LA 71209

A Member of the University of Louisiana System\*AA/EOE

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

CWID: \_\_\_\_\_ Semester/Year Enrollment: \_\_\_\_\_

ULM Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**My exemption declaration applies to the following vaccinations (check all that apply):**

- MMR 1st dose     MMR 2nd dose     Tdap     MENINGITIS     Hep B Series
- COVID-19 1st dose     COVID-19 2nd dose

Reason for exemption for the above-referenced immunization(s):

- Medical (Physician's statement required)  
 Personal/ Philosophical

State Reason:

## Understand the Risks and Responsibilities

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at University of Louisiana Monroe, the administrators are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

By signing below, I understand that by claiming an exemption, I may be excluded from campus and from classes in the event of an outbreak until the outbreak is over or until I submit proof of immunizations. For students in academic programs in which external-based experiences are mandated in the respective program curriculums (i.e., clinical hours, experiential field placement, teacher education credits, etc): By choosing not to immunize, I understand that I may be delayed in obtaining clinical or field hours, progressing in clinical or field courses, or graduating in the event of an outbreak of a related disease until the outbreak is over or until I submit proof of immunization(s). I understand that by declining any required vaccinations, I continue to be at risk for serious disease and will be subjected to regular testing. I can always receive the vaccine(s) at any time. I have read and understand the vaccine information from the CDC at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and understand risks and responsibilities in exempting/declining the required immunizations.

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

If student is not 18 years of age, legal guardian must sign below.

Parent or Guardian Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Exemption Physician Statement

I am a physician licensed to practice medicine in a jurisdiction of the United States. By signing below, I certify that for \_\_\_\_\_ (patient name), the following vaccine(s) is(are) contraindicated for medical reasons (check all that apply):

- MMR 1st dose     MMR 2nd dose     TETANUS     MENINGITIS
- COVID-19 1st dose     COVID-19 2nd dose

The contraindication(s) is(are):  Permanent     Temporary

If temporary, the contraindication is expected to preclude immunizations until: Date \_\_\_\_\_

### Physician Information

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

Physician Name: \_\_\_\_\_

Physician Specialty: \_\_\_\_\_

Physician License Number: \_\_\_\_\_

Name of Physician Company: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please upload the completed form to the Patient Portal at [ulm.medicatconnect.com](http://ulm.medicatconnect.com)