



# Santa Clara University

## Medical Immunization Exemption

### Request Form

Full Name of Student: \_\_\_\_\_

Student's SCU ID#: \_\_\_\_\_ Living: ☐ On Campus ☐ Off Campus

Student's Date of Birth (MM/DD/YEAR): \_\_\_\_\_ Student Cell # \_\_\_\_\_

I, \_\_\_\_\_ [Name of licensed MD, DO, PA, NP] have reviewed the Santa Clara University Immunization Policy on page 4, and hereby certify that the above-named student has:

☐ A medical Condition that contraindicates his/her vaccination with \_\_\_\_\_ vaccine:  
Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) ☐ The applicable CDC contraindication to this vaccine\*, or
- b) ☐ The applicable manufacturer's vaccine insert contraindication to this vaccine\*, or
- c) ☐ The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances\* that contraindicate immunization with this vaccine\*

**\*REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

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This contraindication is: ☐ Permanent or ☐ Temporary

If temporary: the expiration date of the exemption for this vaccine is: \_\_\_\_\_

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

☐ Indicate the person is immune ☐ Indicate the person is NOT immune ☐ Have not yet been obtained

☐ A medical Condition that contraindicates his/her vaccination with \_\_\_\_\_ vaccine:  
Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) ☐ The applicable CDC contraindication to this vaccine\*, or
- b) ☐ The applicable manufacturer's vaccine insert contraindication to this vaccine\*, or
- c) ☐ The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances\* that contraindicate immunization with this vaccine\*

**\*REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

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This contraindication is: ☐ Permanent or ☐ Temporary

If temporary: the expiration date of the exemption for this vaccine is: \_\_\_\_\_

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

☐ Indicate the person is immune ☐ Indicate the person is NOT immune ☐ Have not yet been obtained

☐ A medical Condition that contraindicates his/her vaccination with \_\_\_\_\_ vaccine:  
Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) ☐ The applicable CDC contraindication to this vaccine\*, or  
b) ☐ The applicable manufacturer's vaccine insert contraindication to this vaccine\*, or  
c) ☐ The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances\* that contraindicate immunization with this vaccine\*

**\*REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

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This contraindication is: ☐ Permanent or ☐ Temporary

If temporary: the expiration date of the exemption for this vaccine is: \_\_\_\_\_

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

☐ Indicate the person is immune ☐ Indicate the person is NOT immune ☐ Have not yet been obtained

☐ A medical Condition that contraindicates his/her vaccination with \_\_\_\_\_ vaccine:  
Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) ☐ The applicable CDC contraindication to this vaccine\*, or  
b) ☐ The applicable manufacturer's vaccine insert contraindication to this vaccine\*, or  
c) ☐ The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances\* that contraindicate immunization with this vaccine\*

**\*REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

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This contraindication is: ☐ Permanent or ☐ Temporary

If temporary: the expiration date of the exemption for this vaccine is: \_\_\_\_\_

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

☐ Indicate the person is immune ☐ Indicate the person is NOT immune ☐ Have not yet been obtained

Signature of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Medical License Number & State/Country of Issue: \_\_\_\_\_

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

Provider Phone Number & Email: \_\_\_\_\_

**Students: Return this completed form to the Santa Clara University Cowell Center or the MySCU Portal (<https://www.scu.edu/apps/login/>). Click on the Cowell Center/My Student Health Portal**

An unvaccinated student without natural immunity is at greater risk of becoming ill with the vaccine- preventable disease. An unvaccinated student that does not have documentation of immunity may be excluded from attending school during an emergency, or during an outbreak of, or after exposure to, any of these diseases: Measles, Mumps, Varicella (chickenpox), Meningococcal Meningitis or COVID19. These decisions may be made in consultation with appropriate local and state authorities.

I understand this Medical Exemption and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Medical Exemption Form and acknowledge that declining a vaccination may require my departure from campus under certain circumstances.

If the medical exemption is temporary, I agree to submit the proper documentation showing proof of required immunization once the medical exemption has expired.

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

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

Parent Signature: \_\_\_\_\_

(Parent/Guardian Signature required if student is under 18 years old)



# Santa Clara University Immunization Requirements

Form Updated 3/17/22

Required Immunizations & Screenings	Required Dosage & Screening Information
<a href="#">Measles, Mumps and Rubella (MMR)</a>	Two (2) doses with first dose on or after 1 <sup>st</sup> birthday; OR positive titer (laboratory evidence of blood test showing positive immunity to all three diseases).
<a href="#">Varicella (Chickenpox)</a>	Two (2) doses with first dose on or after 1st birthday; OR positive titer (laboratory evidence of blood test showing positive immunity to all three diseases).
<a href="#">Tetanus, Diphtheria and Pertussis (Tdap)</a>	One (1) dose after age 7. Booster required within the past 10 years. The booster should contain the pertussis component (Tdap NOT Td).
<a href="#">Hepatitis B vaccine (Hep B)</a>	Series of 3 doses OR titer result (blood test) showing positive immunity.
<a href="#">Meningococcal conjugate (Meningitis) Menactra or Menveo</a>	One dose given after the age of 16. Not required if over 21 years of age.
<a href="#">Meningococcal B - Bexsero or Trumenba</a>	<b>Required for on-campus living.</b>
<a href="#">Tuberculosis Screening (Blood Test): Tspot or Quantiferon Gold</a> – for students coming from other countries	<p><i>Students must submit a Tspot or Quantiferon Gold lab test result as soon as possible; but definitely within your first quarter at SCU.</i></p> <ul style="list-style-type: none"> <li>• This is a lab test that must be completed at a lab within the United States.</li> <li>• Students from countries labeled as “High TB Burden” countries by the World Health Organization (WHO) are <u>required</u> to have TB screening.</li> <li>• <a href="#">Review the complete list of exempted and required screening countries.</a></li> <li>• Students from countries of origin that are not “High TB Burden” as designated by the World Health Organization may be exempt.</li> </ul>
<b>TB Screening (PPD Skin Test):</b>	<p>Tuberculosis Screening (PPD Skin Test) is not a vaccine; yet it is often required when volunteering with the SCU Arrupe Center or community agencies and/or for employment.</p> <p>Some facilities may require a blood test for TB screening, Tspot or Quantiferon Gold. Quantiferon Gold is available in the Cowell Center at Student Health Services.</p>
<a href="#">SARS-CoV-2 (COVID-19) Vaccinations*</a> <i>*Requirements may change according to any changes made by the CDC, SCCPHD, and/or CPHD.</i>	<p>All Students must be <b>fully vaccinated</b> and <b>Up to date</b> in order to attend SCU.</p> <p><b>Fully vaccinated</b> is when you have received all recommended doses in their primary series of the COVID-19 vaccine.</p> <p><b>Up to date (boosted)</b> is when you have received all recommended doses in their primary series COVID-19 vaccine, and a <a href="#">booster dose</a> when eligible.</p>

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<b>IF YOU RECEIVED</b> <b>Pfizer-BioNTech</b>	<b>Who should get a booster:</b>  Everyone 12 years and older	<b>When to get a booster:</b>  At least 5 months after completing your primary COVID-19 vaccination series	<b>Which booster can you get:</b>  Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations  Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
<b>IF YOU RECEIVED</b> <b>Moderna</b>	<b>Who should get a booster:</b>  Adults 18 years and older	<b>When to get a booster:</b>  At least 5 months after completing your primary COVID-19 vaccination series	<b>Which booster can you get:</b>  Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations
<b>IF YOU RECEIVED</b> <b>Johnson &amp; Johnson's Janssen*</b>	<b>Who should get a booster:</b>  Adults 18 years and older	<b>When to get a booster:</b>  At least 2 months after receiving your J&J/Janssen COVID-19 vaccination	<b>Which booster can you get:</b>  Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

Updated from the CDC on Feb. 2, 2022