



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:**

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:**

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:**

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:**

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

Required Immunizations & Screenings	Required Dosage & Screening Information
<u>Measles, Mumps and Rubella (MMR)</u> <i>(Consistent with all schools researched)</i>	Two (2) doses with first dose on or after 1 st birthday; OR positive titer (laboratory evidence of blood test showing positive immunity to all three diseases).
<u>Varicella (Chickenpox)</u> <i>(Consistent with most schools researched)</i>	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).
<u>Tetanus, Diphtheria and Pertussis (Tdap)</u> <i>(Consistent with most schools researched)</i>	One (1) dose after age 7. Booster required within the past 10 years. The booster should contain the pertussis component (Tdap NOT Td).
<u>Hepatitis B vaccine (Hep B)</u> <i>(Consistent with most schools researched)</i>	Series of 3 doses OR titer result (blood test) showing positive immunity.
<u>Meningococcal conjugate (Meningitis)</u> <u>Menactra or Mencev</u> <i>(Consistent with Cal Poly - SLO and research regarding college age students residing in dormitory style living.)</i>	One dose given after the age of 16. Not required if over 21 years of age.
<u>Meningococcal B - Bexsero or Trumenba</u> <i>(Consistent with research regarding college age students residing in dormitory style living.)</i>	Required for on-campus living.
<u>Tuberculosis Screening (Blood Test): Tspot or Quantiferon Gold</u> – for students coming from other countries	<p>Students must submit a Tspot or Quantiferon Gold lab test result as soon as possible; but definitely within your first quarter at SCU.</p> <ul style="list-style-type: none"> • This is a lab test that must be completed at a lab within the United States. • Students from countries labeled as “High TB Burden” countries by the World Health Organization (WHO) are <u>required</u> to have TB screening. • <u>Review the complete list of exempted and required screening countries.</u> • Students from countries of origin that are not “High TB Burden” as designated by the World Health Organization may be exempt.
TB Screening (PPD Skin Test):	<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>