



Medical Exemption Request for Immunization/Vaccination Requirements

Requests must be submitted by July 15th

Please Print:

Student Name: _____ Date of Birth: _____

Student ID#: _____

Please indicate the vaccine(s) for which you are seeking an exemption:

___ Measles ___ Mumps ___ Rubella

Student (if over age 18) or parent or guardian (if under age 18), please initial each line below.

___ I understand the benefits of and the risks of the vaccine(s) indicated above.

___ I understand the risk of contracting an illness from not being vaccinated.

___ I understand the risk of transmitting an illness to others.

___ I understand that in the event of an outbreak of a disease that I am not protected against, New York State Public Health Law may require that I be excluded from all classes and campus activities until the risk of contracting the disease is over.

Please have your Primary Health Provider complete the following information below.

Indicate the student's health condition which is a valid contraindication to receiving indicated vaccine(s), and the basis for concluding that the vaccine(s) is/are contraindicated. Specify those immunizations which may be detrimental and the length of time they may be detrimental.

I certify that I have an established provider/patient relationship with _____, and that he/she/they has/have the above contraindication, and request a medical exemption for the vaccination requirement(s) indicated above for St. Bonaventure University.

Health Care Provider (please print):

Name: _____ Signature: _____

Address: _____

Phone#: _____ Fax#: _____



Please submit the completed exemption form via USPS or fax to:

St. Bonaventure University Center for Student Wellness
Doyle Hall 122
P.O. Box 2469
St. Bonaventure University
St. Bonaventure, NY 14778
Fax: (716) 375-7892

Call (716) 375-2310 with questions regarding the exemption form or other health related matters.

Medical Exemptions are valid for one year. They need to be submitted annually for review in advance of the upcoming academic year.

You will be notified in writing of the outcome of this request within 10 business days of our receiving the completed form. At any time, the University reserves the right to require further documentation. If your request for an exemption is denied, the notification will include specific reasons for denial. In the event a request for exemption from measles, mumps and/or rubella vaccination is denied, the student/parent can consent to immunization or appeal to the NYS Commissioner of Education within 30 days.

Signature of student (if over age 18): _____ Date: _____

Signature of parent or guardian (if under age 18): _____ Date: _____