

Medical Exemption Request Form

Student's Name: Last	First	MI
University ID Number: Please leave blank, Office Use	Date of Birth ____/____/____	Age
Street Address		City
Zip Code		State
Phone		

_____ has been granted a waiver permanently or temporarily (____ days) because:
(Student Name)

- Patient is pregnant
- Patient is breast-feeding
- Possibility of pregnancy exists
- Patient has recently been immunized
- Patient has a temperature above 100 degrees F.
- Patient is currently ill
- Patient is on medications, which contraindicate the injection
- Patient has had a severe anaphylactic reaction to eggs
- Other (Please explain) _____

_____.

An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear below or this form WILL NOT be accepted

Official office stamp

Physician or Authorized Signature

Date

Please submit this completed form to:
Florida Polytechnic University, Student Development, 4700 Research Way, Lakeland, FL
33805, OR e-mail to Immunizations@floridapoly.edu